

C. Authority for conducting the matching programs.

Section 18 of the Railroad Retirement Act (45 U.S.C. 231(q)).

D. Categories of records and individuals covered by the matching program.

The RRB will provide SSA with the necessary identification and earnings information from its system of records entitled Service and Compensation Record (SCORE) and from the Initial Claims Replies (ICREP) files. SSA will then match the RRB data with information maintained in the Master Beneficiary Record, HHS/SSA/OSR, 09-60-0090 and the Master Earnings File, HHS/SSA/OSR, 09-60-0059 systems of records.

E. Inclusive dates of the match.

The matching program shall become effective 40 days after a copy of the agreement, as approved by the Data Integrity Boards of both agencies, is sent to Congress and the Office of Management and Budget (OMB) (or later if OMB objects to some or all of the agreement), or 30 days after publication of this notice in the **Federal Register**, whichever date is later. The matching program will continue for 18 months from the effective date and may be extended for an additional 12 months thereafter, if certain conditions are met.

[FR Doc. 95-2419 Filed 1-31-95; 8:45am]
BILLING CODE 4190-29-P

Privacy Act of 1974, As Amended; Computer Matching Program (SSA/OPM)

AGENCY: Social Security Administration, HHS.

ACTION: Notice of Computer Matching Program.

SUMMARY: In accordance with the provisions of the Privacy Act, as amended, this notice announces a computer matching program that SSA plans to conduct.

DATES: SSA will file a report of the subject matching program with the Committee on Governmental Affairs of the Senate, the Committee on Government Operations of the House of Representatives and the Office of Information and Regulatory Affairs, Office of Management and Budget. The matching program will be effective as indicated below.

ADDRESSES: Interested parties may comment on this notice by either telefax to (410) 966-5138, or writing to the Associate Commissioner for Program and Integrity Reviews, 860 Altmeyer

Building, 6401 Security Boulevard, Baltimore, MD 21235. All comments received will be available for public inspection at this address.

FOR FURTHER INFORMATION CONTACT: The Associate Commissioner for Program and Integrity Reviews as shown above.

SUPPLEMENTARY INFORMATION:

A. General

The Computer Matching and Privacy Protection Act of 1988 (Pub. L. 100-503) amended the Privacy Act (5 U.S.C. 552a) by adding certain protections for individuals applying for and receiving Federal benefits. Section 7201 of the Omnibus Budget Reconciliation Act of 1990 (Pub. L. 101-508) further amended the Privacy Act regarding protections for such individuals. The Privacy Act, as amended, regulates the use of computer matching by Federal agencies when records in a system of records are matched with other Federal, State, or local government records. It requires Federal agencies involved in computer matching programs to:

- (1) Negotiate written agreements with the other agency or agencies participating in the matching programs;
- (2) Obtain the Data Integrity Boards' approval of the match agreements.
- (3) Furnish detailed reports about matching programs to Congress and the Office of Management and Budget;
- (4) Notify applicants and beneficiaries that their records are subject to matching; and
- (5) Verify match findings before reducing, suspending, terminating, or denying an individual's benefits or payments.

B. SSA Computer Matches Subject to the Privacy Act

We have taken action to ensure that all of SSA's computer matching programs comply with the requirements of the Privacy Act, as amended.

Dated: January 19, 1995.

Shirley S. Chater,

Commissioner of Social Security.

Notice of Computer Matching Program, Social Security Administration (SSA) with the Office of Personnel Management (OPM)

A. Participating agencies.
SSA and OPM.

B. Purpose of the matching program.

The purpose of this matching program is to establish the conditions under which OPM agrees to the disclosure of civil service and payment data to SSA. SSA will use the match results to determine certain Social Security benefit reductions required by the

Social Security Act (the Act) for individuals receiving pension or other benefits, including civil service benefits, apart from OASDI and SSI benefits provided under the Act in programs administered by SSA.

C. Authority for conducting the matching program.

Sections 202, 215(a)(7), 215(d)(3), 224 and 1631(e)(1)(B) of the Act.

D. Categories of records and individuals covered by the match.

OPM will provide SSA with a magnetic tape file extracted from the annuity and survivor masterfile. The extracted file will contain information about each new annuitant and annuitants whose pension amount has changed. Each record on the OPM file will be matched to SSA's Master Beneficiary Record (MBR), or Supplemental Security Income Record (SSR) to identify individuals potentially subject to benefit reductions under the statutory provisions listed above.

E. Inclusive dates of the match.

The matching program shall become effective 40 days after a copy of the agreement, as approved by the Data Integrity Boards (DIB) of both agencies, is sent to Congress and OMB (or later if OMB objects to some or all of the agreement), or 30 days after publication of this notice in the **Federal Register**, whichever is later. The matching program will continue for 18 months from the effective date and may be extended for an additional 12 months thereafter, if certain conditions are met. OPM will provide a tape on a monthly basis to SSA. The actual match will take place within the first week of each month.

[FR Doc. 95-2418 Filed 1-31-95; 8:45am]
BILLING CODE 4190-29P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Office of the Assistant Secretary for Policy Development and Research

[Docket No. N-95-3872]

Notice of Submission of Proposed Information Collection to OMB

AGENCY: Office of Administration, HUD.
ACTION: Notice.

SUMMARY: The proposed information collection requirement described below has been submitted to the Office of Management and Budget (OMB) for expedited review, as required by the Paperwork Reduction Act. The Department is soliciting public comments on the subject proposal.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments must be received within seven (7) working days from the date of this notice. Comments should refer to the proposal by name and should be sent to: Joseph F. Lackey, Jr., OMB Desk Officer, Office of Management and Budget, New Executive Office Building, Washington, DC 20503.

FOR FURTHER INFORMATION CONTACT: Kay F. Weaver, Reports Management Officer, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410, telephone no. (202) 708-0050. This is not a toll free number. Copies of the proposed forms and other available documents submitted to OMB may be obtained from Ms. Weaver.

SUPPLEMENTARY INFORMATION: This notice informs the public that the Department of Housing and Urban Development has submitted to OMB, for expedited processing and information collection package for pre-testing of a Survey of Homeless Persons Who Use Services. HUD is requesting an review of this information collection pretest before or by February 10, 1995.

The pre-test of the Survey of Homeless Who Use Services will involve pilot testing three instruments: (1) a Government Contacts for Provider Questionnaire; (2) a Local Facility Contacts Questionnaire; and (3) a Service Users (Respondent) Questionnaire. The pre-tests will take place in just three areas: Atlanta, GA; Pittsburgh, PA, (includes Allegheny Fayette, Washington, and Westmoreland Counties); and the Armstrong County Community Action Agency Catchment area (a rural Community Action Agency service area outside Pittsburgh).

In each of the three areas, the Census Bureau will select a sample of three shelters, soup kitchens and/or homeless outreach programs to test the Local Facility Survey and at each facility they will conduct five Service Users Surveys, twice during a month, for a total of 90 homeless respondent interviews.

The Census Bureau sought substantial expert input over a two year period to develop the pre-test instruments. Following the pre-test, the Census

Bureau will make necessary revisions to the three surveys. Before the conduct of a national survey, the public will be given an opportunity to review of the proposed final survey instruments.

The national survey is planned to be conducted starting in February 1996 pending finalization of the Federal funding. An estimated 76 localities would be contacted to produce national figures on the characteristics of homeless persons and facilities assisting the homeless.

Use will also be made of the pre-test results to produce for local governments a guide on conducting local homeless surveys for planning local continuums of care to address homeless needs. As part of the pre-test, the Census Bureau will advise HUD on the development of a local homeless survey guide. Local governments will shortly have an immediate need for such a homeless survey guide under HUD's proposed consolidation of McKinney homeless programs. A key aspect of granting local governments more flexibility to use Federal homeless resources under McKinney consolidation is a requirement that local governments develop continuum of care plans for meeting the diverse needs of the homeless. The pre-test will produce a proven: (1) methodology to prepare a comprehensive list of all local homeless shelter and service providers, (2) survey of homeless providers, and (3) survey of homeless service users (no such standard instruments now exist). A guide on conducting local homeless surveys would be provided as a technical assistance document.

The Department has submitted the proposal for the collection of information, as described below to OMB for review, as required by the Paperwork Reduction Act (44 U.S.C. Chapter 35):

- (1) The title of the information collection proposal;
- (2) The office of the agency to collect the information;
- (3) The description of the need for the information and its proposed use;
- (4) The agency form number, if applicable;
- (5) What members of the public will be affected by the proposal;
- (6) How frequently information submission will be required;

(7) An estimate of the total number of hours needed to prepare the information submission including numbers of respondents, frequency of response, and hours of response;

(8) Whether the proposal is new or an extension, reinstatement, or revision of an information collection requirement; and

(9) The names and telephone numbers of an agency official familiar with the proposal and of the OMB Desk Officer for the Department.

Authority: Section 3507 of the Paperwork Reduction Act, 44 U.S.C. 3507; Section 7 (d) of the Department of Housing and Urban Development Act, 42 U.S.C. 3535(d).

Dated: January 23, 1995.

Michael A. Stegman,
Assistant Secretary, Office of Policy
Development and Research.

Notice of Submission of Proposed Information Collection to OMB

Proposal: Pretest of Survey of Homeless Persons Who Use Services (HPWUS).

Office: Policy Development and Research.

Description of the Need for the Information and its Proposed Use: This is a pretest of a national survey that would provide up-to-date information about the characteristics of today's homeless population who use services and data on how this population has changed since 1987 in urban areas. Included in the survey would be the first national examination of the characteristics of homelessness in rural America, fulfilling a Congressional mandate for a report on this subject. The data will assist in developing public policy responses and leveraging appropriate resources to break the cycle of homelessness. The pretest of the HPWUS is needed to ensure that the methodology and field materials meet the operational requirements of the national survey.

Form Number: None.

Respondents: Individuals, Service Providers, and Local Government Employees.

Frequency of Submission: One-Time.

Reporting Burden:

	Number of re- spondents	×	Frequency of response	×	Hours per response	=	Burden hours
See Attachment							

Total Estimated Burden Hours: 184.
Status: New Survey.

Contact: James Hoben, HUD, (202) 708-0574, Ext. 132; Joseph F. Lackey,

Jr., OMB, (202) 395-7316; Marsha A. Martin, HUD/ICH, (202) 708-1480.

Date: January 23, 1995.

Estimate of Respondent Burden

The projected number of government contacts, service providers and respondents to be contacted and the estimated burden for the survey are indicated below:

Forms	Estimated number of contracts/ service providers/ respondents	Time (minutes)	Total burden (hours)
Government Contracts for Providers Questionnaire HPWUS-100A	35	5 minutes	3 hours.
Review of Combined FEMA list and completion of Local Facility Contacts Questionnaire HPWUS-100B(X) hours.	125	60 minutes	125.
Respondent Questionnaire HPWUS-200	72	45 minutes	54 hours.
Nonrespondents	18	7 minutes	2 hours.
Total	250	117 minutes	184 hours.

We estimate the average time to complete the Government Contacts for Providers Questionnaire (refer to Attachment A) to be 5 minutes; the review of the Combined FEMA list and completion of the Local Facility Contacts Questionnaire (refer to Attachment B) to be 60 minutes and the Service Provider Questionnaire (refer to

Attachment C) to be 30 minutes. These estimates are based on in-house testing of the questionnaires by the Census Bureau.

We estimated the information burden for these forms to be 184 hours. This includes:

- 3 hours for the completion of Government Contacts for Providers

Questionnaire; 125 hours for review of the combined FEMA list and completion of the Local Facility Contacts Questionnaire;

- 56 hours for the Service User Questionnaire.

BILLING CODE 4210-62-M

Supporting Statement

A. Justification

1. Necessity of Information Collection

The 1995 pretest of the Survey of Homeless Persons Who Use Services (HPWUS) includes two phases.

Phase 1: Collect basic information on providers by mail with telephone follow-up. Develop a comprehensive list of service providers in the survey sample areas. Collect basic information on providers by mail, with telephone followup. The Census Bureau will select a sample of providers for inclusion in phase 2.

Phase 2: Select sample persons and conduct personal visit interviews at selected service provider sites.

This request is for the following questionnaires:

- HPWUS-100A, Government Contacts for Provider Questionnaire
- HPWUS-100B(X), Local Facility Contacts Questionnaire
- HPWUS-200(X), Service Users (Respondent) Questionnaire

Note: In the pretest, Phase 2 will begin before the end of Phase 1. These phases can be tested independently of each other.

The national HPWUS survey will provide detailed characteristics of persons using services. It will also provide estimates of the number and characteristics of service providers. The pretest is being sponsored by the following Federal agencies:

- Department of Health and Human Services (HHS)
- Department of Housing and Urban Development (HUD)
- Department of Agriculture (USDA)

Data will be collected under HUD's data collection authority.

As part of the 1990 Census, the Census Bureau enumerated persons residing in homeless shelters and pre-identified street locations. However, this operation was not designed to provide the full range of information needed for guiding policy decisions related to homelessness. With this understanding, in September of 1993 the Bureau of the Census convened a conference of researchers, representatives of public interest groups, and government representatives to discuss ways of improving data collection on the homeless population. The consensus among this group was that the decennial census is not the appropriate vehicle for gathering information on the homeless population. They suggested that a new national survey using updated methodologies to obtain an accurate and useful picture of those homeless people who use services in the United States is needed.

The information this new survey would provide is critical for developing the kinds of effective public policy responses needed to break the cycle of homelessness, both through targeted

programs and the leveraging of mainstream resources. This survey would provide up-to-date information about the characteristics of today's homeless population who use services and would tell us how this population has changed since 1987 in urban areas. Included in the survey would be the first national examination of the characteristics of homelessness in rural America, fulfilling a Congressional mandate for a report on this subject.

The national HPWUS survey would:

1. Provide national information on the types of services available to homeless persons in both urban and rural communities.
2. Provide information not addressed by the last national study in 1987 such as: What are the triggering events that precipitate homelessness? Where were homeless people living before they became homeless? How prevalent is AIDS among homeless persons? What impact does rural homelessness have on urban homelessness? What differences are there among homeless persons found in cities, suburbs, and rural areas?
3. Tell us what characteristics of the homeless population have changed since the 1987 study.
4. Collect additional information related to drug use, mental illness, AIDS, tuberculosis, and previous episodes of homelessness.
5. Include smaller cities, nonmetropolitan and rural areas in order to more accurately and fully reflect homelessness in the United States. The survey would interview a sufficient number of people using services in 76 geographic areas to ensure reliability of the national estimates. Twenty-four of these geographic areas would include small cities, nonmetropolitan and rural areas.

The survey would be conducted in two phases. The first stage of the survey would be conducted among service providers in the 76 sample communities. Service providers interviewed would include those with programs specifically targeted at the homeless (e.g. homeless shelters, soup kitchens, homeless outreach programs) as well as other community service providers with programs from which homeless individuals are eligible. The purpose of this survey of service providers would be to assess the types of services available to homeless persons in these metropolitan, suburban, and rural areas.

The second phase of the survey would interview a sample of persons at homeless shelters, soup kitchens, and other service locations where homeless people are found. Interviewers will make repeat visits if necessary in order to obtain a representative sample. In addition to providing data on characteristics of the portion of the homeless population who use services, this phase of the survey would identify homeless subgroups and help determine their use of various types of assistance programs. It would also collect limited comparative data on housed persons with very low incomes who also rely on soup kitchens and other emergency assistance.

The survey will produce data on characteristics at the national level only. The sample design is not large enough to produce estimates of client characteristics at the regional or local levels.

In 1987, the Urban Institute completed a survey of homeless persons. Data from the 1987 Urban Institute study represent the only national level data specific to homeless persons. Since the 1987

study, no significant national studies have been conducted to provide national information about the characteristics of homeless persons using services for homeless people.

HPWUS data will be used to plan future services funded via the McKinney Homeless Assistance Act and other homeless programs to prevent homelessness as well as ameliorate it. Understanding the causes of homelessness can help guide the development of preventive strategies. Data from the HPWUS will be used by the participating agencies to prepare reports in accordance with the requirements of the McKinney Homeless Assistance Act and other homeless assistance programs.

The following targeted programs will benefit from the data collected in the HPWUS.

Emergency/Temporary Shelter Assistance

Emergency Food and Shelter Program (FEMA)
--Assistance directed toward temporary shelter
Emergency Shelter Grants Program (HUD)
Shelter for the Homeless [Department of Defense (DOD)]
Homeless Support Initiatives - Surplus Blankets (DOD)

Food and Nutrition Assistance

Commodities for Soup Kitchens (USDA)
Emergency Food and Shelter Program - Food Assistance (FEMA)
Commissary/Food Bank Initiatives (DOD) and [Department of Transportation (DOT)]
Federal Grain Inspection Service - Donation of
Surplus Samples (USDA)

General Health Assistance

Health Care for the Homeless Grant Program (HHS)
Domiciliary Care for Homeless Veterans Program (VA)

Assistance to Homeless Persons with Disabilities

Projects for Assistance in Transition from Homelessness (PATH) (HHS)
Access to Community Care and Effective Services and Supports (ACCESS) (HHS)
Community Support Program - homeless-specific portion (HHS)
National Institutes of Health (NIH) Research on Homeless (HHS)
Homeless Chronically Mentally Ill Veterans Program (VA)
Safe Havens (HUD)
National Institute on Alcohol Abuse and Alcoholism (NIAAA) Research Demonstration on
Homelessness (HHS)
Drug Abuse Prevention for Runaway & Homeless Youth (HHS)

Education, Training, and Employment Assistance

Educ. Homeless Children & Youth State Grants Prog. (ED)
Exemplary Projects Program - Homeless Children (ED)
Adult Education for the Homeless (ED)
Job Training for the Homeless Demonstration Program (DOL)
Homeless Veterans Reintegration Project (DOL)

Housing Assistance

Transitional Housing Demonstration Program (HHS)
Supportive Housing Demonstration (HUD)

Section 8 Assistance for SROs (HUD)
Single Family Property Disposition Initiatives (HUD)
Transitional Living Program for Homeless Youth (HHS)
Farmer's Home Administration (FMHA) Homes for the Homeless (USDA)
Shelter for Homeless Vets - Acquired Property Sales (VA)
Base Closure Properties (DOD, HUD)

Homeless Prevention

Emergency Food and Shelter Program (FEMA)
-- Prevention Assistance
Emergency Community Services Homeless Grant Program (HHS)

General/Misc. Aid to Homeless Providers

Emergency Community Services Homeless Grant Program (HHS)
Excess & Surplus Federal Real Property [General Services Administration (GSA)/(HUD)/(HHS)]
Runaway and Homeless Youth Program (HHS)

Programs for Homeless Children/Youth/Families

Family Support Centers (HHS)
Transitional Housing Demonstration Program (HHS)
Supportive Housing Demonstration (HUD)
Educ. for Homeless Children & Youth State Grants Program (ED)
Exemplary Projects Program - Homeless Children (ED)
Runaway and Homeless Youth Program (HHS)
Transitional Living Program for Homeless Youth (HHS)
Drug Abuse Prevention for Runaway & Homeless Youth (HHS)

Programs for Homeless Veterans

Domiciliary Care for Homeless Veterans Program (VA)
Homeless Chronically Mentally Ill Veterans Program (VA)
Shelter for Homeless Vets - Acquired Property Sales (VA)
Homeless Veterans Reintegration Project (DOL)

2. Needs and Uses

The pretest of the HPWUS is necessary to ensure that the methodology, and the office and field representative materials meet the operational requirements of the survey. The pretest will test the following critical procedures:

- Developing the comprehensive listing of programs and services for homeless people in the pretest areas.
- Conducting a pre-contact meeting with service providers to ensure their voluntary participation in the survey.

- Testing the process of entering into a Memorandum of Understanding with the service providers to administer payment to the survey respondents and to secure space at the facility to conduct the interview.
- Administering payment to survey respondents via the Memorandum of Understanding.
- Developing the questionnaire wording, Field Representative's training and survey procedures manuals.
- Sampling of persons at each service facility. These procedures must be understood and correctly implemented by Census Bureau field representatives to ensure the statistical integrity of the survey.
- Developing methodology for correcting the duplication of survey respondents and for developing estimates of the population.

The Census Bureau is obtaining a copy of the FEMA Local Recipients file for the pretest counties. The file lists Local Recipient Organizations who currently receive funding from FEMA. The Census Bureau plans to use the file as the initial starting point for list development for the sample areas. The Census Bureau will also call federal and state government offices, agencies, organizations, and knowledgeable local persons to obtain lists of service providers in the area.

The Census Bureau plans to combine the FEMA Local Recipients file with other lists (i.e., Community Action Agencies and Community Services Programs) and generate listings of service providers for each county in the survey and mail the listings along with a copy of the HPWUS - 100B(X), Local Facility Contacts Questionnaire (see Attachment B) and the HPWUS - L1 letter (see Attachment L) to all service providers shown on the FEMA list and all knowledgeable local persons. The government contacts will only be sent the listing of service providers and the HPWUS - L1 letter. The knowledgeable local persons and service providers will be asked to review the listing of all service providers in their area for completeness, and to add any missed service providers to the list (i.e., service providers offering services not funded by FEMA) along with completing the HPWUS - 100B(X) Questionnaire. The government contacts will only be asked to review the listing. Census Bureau personnel also will contact federal and state government offices, agencies, organizations, and knowledgeable local persons to administer the HPWUS - 100A, Government Contacts for Provider Questionnaire. (See Attachment A.)

NOTE: Census Bureau personnel have already completed some initial contacts with federal and state government offices, agencies, organizations, and knowledgeable local persons to begin the list development process.

Shelters for abused women and runaway youths will not be on the listings which will be reviewed but are included in the sample. This is to preserve the confidential locations of shelters for abused women.

The HPWUS-100B(X), Local Facility Contacts Questionnaire collects the following information about the service provider:

- Name

- Contact
- Address
- Telephone Number
- Type of Facility
- Programs Provided
- Services Provided for Homeless/Others at Facility, In Community
- Average Number of Adults and Children Participating in Programs On A Daily Basis, and Percent Homeless
- Average Number of Adults and Children the Facility Serves On A Daily Basis
- Familial Status of Persons the Facility Serves On A Daily Basis
- Public or private affiliation
- Source of funding
- If Shelter Is a Special Facility for Specific Groups
- Number of Facilities Under Contract To, or Accepting Vouchers
- Expected Days of Operation in April
- Expected Days for Specific Programs in April
- Steps Needed to Follow in Order to Obtain Formal Agreement of Participation
- If Facility Maintains a Current Roster of Clients

The Census Bureau will use this information to develop a profile of programs and services in the pretest areas and to select the sample of service providers for the survey.

The Local Facility Contacts Questionnaire may also provide the Census Bureau with additional names of service providers and local persons or organizations knowledgeable about homeless services. (Federal, State, and Local Agencies may not have the name of a service provider if the provider does not receive any federal, state, or local funding.)

After receipt of the reviewed combined FEMA list and the completed HPWUS-100B(X) questionnaires, Census Bureau personnel will remove duplicate entries from the list and prepare a master list of service providers. The Census Bureau will use this master list to select the sample of service providers for the survey. Census Bureau personnel will then verify the HPWUS-100B(X) information with the providers in sample.

Each agency was asked to identify their data needs and to rank the importance of those data requirements. From this ranking, we developed a draft of the proposed Respondent questionnaire HPWUS-200(X). Listed below is a discussion of the survey questions on the Respondent Questionnaire and how the data will be used by HUD, HHS, USDA and other Federal agencies and the other Federal agencies. Section numbers correspond to the section numbers on the questionnaire.

Respondent Questionnaire Cover Page - Items N and O - on the cover page asks the respondent's name and age. Collection of the name (along with the other variables described in Section 4) will be used to eliminate duplicate interviews. Because the sampling and data collection design calls for multiple visits to each provider site, and because one homeless person could be found in more than one sampling frame (e.g., in both soup kitchens and shelters), unduplicating is central to the process of estimating the size of the population.

Question 64 asks for the respondent's social security number. Question 64a asks for the first five digits of the respondent's social security number if the respondent refuses to give

their entire social security number. These questions, along with the name and the other variables described above, are being collected for purposes of unduplicating respondents.

Section 1: Current Living Condition

Questions 1a-7

These questions determine whether or not the respondent is homeless, and are considered essential by all participating agencies. With minor modifications, they are the same screening questions used in Rossi's (1986) Chicago studies, in the National Institute on Drug Abuse (NIDA, 1992) Washington, D.C. Metropolitan Area Drug Study (DC*MADS), and in the Urban Institute's national study (Burt and Cohen, 1988, 1989) which the HPWUS methodology is designed to parallel and extend. For purposes of continuity and comparison, it is important that they remain essentially the same as they were in earlier studies.

Section 2 - Without Permanent Housing

Section 3 - Currently With Permanent Housing

Section 2, Questions 8a-10b, 24-27

Section 3, Questions 33a-40

The answers to these questions are necessary to make estimates of the size of the homeless population. Sampling and estimation experts from the Urban Institute and the Census Bureau developed the questions. Questions 8 and 9 parallel similar questions asked in the 1987 Urban Institute study.

The Census Bureau requires Question 33b to determine if asking respondents to report names of shelters can be used to assess the completeness of the survey's list of shelters.

Section 2, Questions 11-23, 28-32

Section 3, Questions 41-55

These questions are needed to understand the circumstances affecting the respondent in the period immediately before becoming homeless. They have been compiled from similar questions asked in the 1987 Urban Institute study, the DC*MADS study, and other studies. These previously used questions were augmented by questions or item content which pretests revealed to be necessary to give a reasonable understanding of the respondent's experiences. They will reveal the proximate causes of each individual's current homeless episode (or their last homeless episode if they are not now homeless but have been homeless in the past).

HHS considers these questions to be essential and the VA considers them highly desirable. Other agencies whose mission includes efforts to prevent homelessness as well as ameliorate it may also consider them desirable. An understanding of proximate causes can help guide the development of preventive strategies.

Section 2, Questions 11-15

Section 3, Questions 41-44

These questions are either identical to or minor modifications of questions asked in the 1987 Urban Institute study. We modified the wording of some questions to make sure that the respondent and the researcher mean the same thing by their answers (e.g., on Question 13, some women living with their children will say they live alone, because they do not live with a spouse or boyfriend. We want to be sure that "alone" means "alone.")

Section 2, Questions 16a and b
Section 3, Questions 45a and b

These questions are modified versions of a question asked in the 1987 Urban Institute study. We changed the format from obtaining only a single response to probing for all relevant responses and then asking the respondent to identify the primary reason. This eliminates the difficulty in interpreting single responses such as Respondent 1 saying "couldn't pay the rent," Respondent 2 saying "lost my job," and Respondent 3 saying "Was doing drugs," when all three could not pay the rent because they lost their jobs because they were doing drugs.

Section 2, Questions 17-19
Section 3, Questions 46-47c

These questions were not in the 1987 Urban Institute study.

Subsequent research by NIDA (1992) indicates that many homeless people spend a considerable amount of time in institutions or in temporary arrangements with friends or family between the interview date and the time when they last had a permanent place to stay (Question 11). In other words, they are not literally homeless during the whole period since they last had a permanent place to stay. The answers to these questions will let us determine how much of the time they were literally homeless.

Section 2, Question 20

We want this question included to learn whether respondents have any experience in the housing market on their own. Never having been a primary tenant has been shown (Weitzman, 1989) to differentiate homeless from never-homeless families.

Section 2, Questions 21-23
Section 3, Questions 48-50

HHS requested these questions. Local studies (Piliavin, Sosin, and Westerfelt, 1986; Sosin, Colson and Grossman, 1988) have shown seriously elevated rates of childhood experiences in foster care among the adult homeless. The answers to these questions will help identify the prevalence of childhood out-of-home placement and runaway behavior among the adult homeless population for the first time on a national sample. High prevalence could indicate a preventive role in programs within HHS responsibility.

Section 2, Questions 28-32
Section 3, Questions 51-55

These questions are of interest to Department of Agriculture - Farmers Home Administration (FmHA), FEMA, and HHS' Health Care for the Homeless program—the federal agencies supporting emergency services. Answers to these questions will provide some explanation of the movement of homeless people from one type of community to another, such as the

push of no services or no jobs in the community left behind and the pull of expected services and economic opportunities in the community where respondents are interviewed. They will also help identify the conditions that generate homelessness, which may not be the same conditions as those in the community where homeless people are interviewed.

Section 4: Demographics

Questions 56-64a

All the sponsoring agencies consider basic demographic questions which describe the population to be essential. In addition, Question 60 may help explain a lack of participation in the labor force at the time of the interview, and Questions 61a, 61b, 62a and 62b provide data about possible educational difficulties and deficits in addition to the simple fact of "last grade completed." They may help define possible prevention strategies.

Questions 58, 64, and 64a

Question 58 asks for the respondent's date of birth. The date of birth serves a very important purpose of eliminating duplicate interviews. A unique identifier is created using the respondent's date of birth, gender, and one or two other variables. The data set is then searched for duplicates. Because the sampling and data collection design calls for multiple visits to each provider site, and because one homeless person could be found in more than one sampling frame (e.g., in both soup kitchens and shelters), unduplicating is central to the process of estimating the size of the population.

Question 64 asks for the respondent's social security number. Question 64a asks for the first five digits of the respondent's social security number if they refuse to give their entire social security number in response to question 64. These are being collected as one of the other unduplicating variables. The Bureau of the Census, HHS, and the other sponsoring agencies will hold this information in the strictest of confidence and will ensure it is available only to researchers at HHS, the other sponsoring agencies and Bureau of the Census staff.

Section 5: Children and Education**Questions 65-71h**

ED and HHS consider these questions to be essential. Answers to this set of questions will show the degree to which homelessness has split families, and which children have been separated from their parent(s). This information is important for planning reunification, housing, and other needs of homeless families.

The information is of primary interest to ED, and the questions about school attendance and barriers are directly relevant to ED's agency mission under the McKinney Act and Congressional directives to gather this information and report it to Congress.

Questions 71b, 71d

We added the pre-school content of these questions for children ages 3-5 at the specific request of HHS. ED requested the other content of these questions.

Questions 71g, 71h

We added the questions about day care at the specific request of HHS.

Question 72

All participating agencies consider this question, on the composition of homeless households to be essential.

Question 73

HHS specifically requested that this question be included on the questionnaire. A pregnancy experienced by a precariously housed woman has been shown to make her more vulnerable to literal homelessness (Weitzman, 1989).

Section 6 - Employment**Questions 74-79**

HHS considers these questions to be essential, and the VA considers them desirable. Where the Bureau of Labor Statistics (BLS) routinely asks questions with appropriate content in its national surveys, we adopted the BLS wording for this survey so answers for the homeless can be compared with nationally representative data.

Section 7 - Sources of Income and Service Use**Questions 80-84**

HHS considers all questions in this section to be essential. VA also considers Question 80 essential. These questions describe receipt of benefits, other income sources, and total income for the month before the interview. They also describe respondent experiences with a variety of HHS, USDA, and local government benefits, including any change of benefits that might have played a role in the respondent becoming homeless.

Section 8 - Veteran Status**Questions 85-89**

The VA submitted these questions and considers them essential. In particular, they have no other national source of data on war zone or combat exposure (Questions 87 and 88), which may play a critical role in the need for services as an antecedent of homelessness.

Section 9 - Food Intake**Questions 90-93**

These questions are considered essential by HHS.

Questions 94a-95b

The Census Bureau needs these questions to calculate estimates of the number of homeless people.

The Census Bureau requires Question 95b to determine if asking respondents to report names of soup kitchens can be used to assess the completeness of the survey's list of soup kitchens.

Section 10 - Current Physical Health**Question 96**

HHS and VA consider this item essential.

Questions 97-117

HHS considers questions 97-107 to be essential. For many questions, the set of items to be asked about were specified by agency personnel (e.g., specific health conditions for Question 96, specific service sites for Question 99; all of Questions 101 and 103).

The VA needs information about the use of VA facilities. The VA considers the VA-relevant information in Question 99 essential, as it will assist them in determining whether veterans are using other medical facilities to the exclusion of, or in addition to, VA facilities.

Section 11 - Victimization and Imprisonment**Questions 118a-120c**

HHS, ED and VA requested that these questions be included on the questionnaire. Several divisions of HHS specifically requested all of the components of Question 120, and question 118c (juvenile detention). A great deal of evidence suggests that parental neglect and abuse (asked about in Questions 120a-c) is implicated in runaway behavior and youth homelessness (Robertson, 1991). It is also obviously a precursor of childhood out-of-home placement, which in turn is associated with both youth and adult homelessness. (Piliavin, Sosin and Westerfelt, 1986; Sosin, Colson and Grossman, 1988). The answers to these questions will reveal the degree to which the present homeless population has these experiences in their background as potential contributing factors to their homelessness.

Section 12 - Mental Health**Questions 121a-126b**

HHS considers these questions essential. The remaining agencies completing the ratings considered them highly desirable. Given the evidence for serious mental illness among sizable proportions of the homeless population, these questions will provide data to understand how mental illness relates to the many other factors included in the interview protocol, including use of services and benefit receipt.

Questions 121a-124

Questions 121a-124 are taken directly from the Psychiatric section of the Addiction Severity Index (ASI), an instrument developed by NIAAA to assess addictions and related conditions. These questions form a scale; answers are summed to form a score, which can be compared to national norms for this segment of the ASI. The ability to compare homeless people's responses to a national norm will let us determine where homeless people fit on the continuum of mental health problems. All items in Questions 121a-124 must be present to construct the scale score.

Questions 125-126b

Questions 125-126b are also taken from the ASI, with minor modifications as accepted by NIMH's Program for the Homeless Mentally Ill. They give evidence of treatment patterns (or lack thereof), and will supply NIMH with an estimate of unmet service need, as well as the usual sources of care sought by the homeless mentally ill.

Section 13 - Chemical Dependency**Questions 127a-151**

HHS considers these questions essential. The remaining agencies completing the ratings consider them highly desirable. Given the evidence for substance abuse among sizable proportions of the homeless population, these questions will provide data to understand how alcoholism and drug abuse relate to the many other factors included in the interview protocol—especially antecedents of homelessness.

Questions 127a-132, 142-144

Questions 127a-132 and 142-144 are taken directly from the Addiction Severity Index (ASI, McLellan et al., 1991, see above). These questions form several scales; answers are summed to form scores, which can be compared to national norms and norms for treatment populations for this segment of the ASI. The ability to compare homeless people's responses to national norms and norms for treatment populations will let us determine where homeless people fit on the continuum of chemical dependency problems. All items in Questions 127a-132 and 142-144 must be present to construct the scale score, and NIAAA has strongly expressed an interest in seeing the scales included in their entirety on this interview protocol.

Questions 135-139, 147-150

Questions 135-139 (for alcohol treatment) and 147-150 (for drug treatment) are also taken from the ASI, with minor modifications as accepted by NIAAA/NIDA. They give evidence of treatment patterns (or lack thereof), and will supply NIMH with an estimate of unmet service need, as well as the usual sources of care sought by homeless substance abusers.

Questions 133, 144

The items in these questions are taken from the Short Michigan Alcoholism Screening Test (Question 122—Selzer, Vinokur, and van Rooijen, 1975) and the Drug Abuse Screening Test (Question 132—Skinner, 1982). Both of the original instruments are too long to include in this study in their entirety (24 and 28 items, respectively). However, the inclusion of some measure of symptomatology related to substance abuse was felt to be important, to detect the level of functional impairment related to substance abuse among those who never sought treatment as well as among those who have. In each case the eight items selected are those with the highest correlations with the total scale score for the original scale ($r=.7$ or higher). Scores based on these selected items should function in virtually the same way as scores we would obtain if we used all of each instrument.

Questions 134, 145

These questions assess the respondent's age when heavy alcohol or drug use began. We are including these questions to assure that we will know the duration of the respondents substance abuse problems. Answers to these questions augment the information on the earliest and most recent treatment, and will provide a more complete picture of the respondents' involvement with alcohol and drugs.

Question 151

This question is asked so that respondents can provide their general impressions on the availability and quality of services in their community.

3. Efforts to Minimize Burden

Not applicable. Respondents are individuals at service sites who cannot respond with computer tapes, disks or punch cards. We are also minimizing the burden of the FEMA Local Board Contact Persons, government contacts, service providers and knowledgeable local persons by giving them the combined FEMA listing to review as opposed to asking them to list all service providers in their area.

4. Efforts to Identify Duplication, and Use of Available Information

HUD consulted with other government agencies and outside experts and determined that the proposed national HPWUS will be the only current, national data source with detailed information on the number of literally homeless persons who use services. The most recent national data is the 1987 Urban Institute Study.

In March 1987, the Urban Institute conducted a survey of homeless persons who used services in cities of 100,000 or more. The HPWUS is intended to parallel and extend the methodology used by the Urban Institute in the 1987 survey to capture a higher proportion of the literally homeless population who use services.

- a. The HPWUS will include additional geographical coverage. Cities with populations of 100,000 or less and areas outside of cities will be included in the survey sample. (The 1987 Urban Institute survey only included cities with populations over 100,000.)
- b. The HPWUS will include additional topic coverage. The respondent questionnaire covers more topics and in greater depth than was covered in the 1987 Urban Institute Survey. There are also some questions similar to those in the 1987 survey so that a comparison may be made between the results of the two surveys. (The 1987 Urban Institute survey only asked about drug treatment. The HPWUS asks about drug treatment, as well as, types and frequencies of drugs used, and information about mental health.)
- c. The interview period for the pretest of the HPWUS will be two weeks and for the national survey a month. The interview period for the Urban Institute's 1987 survey was one week.

While the results from the Urban Institute's 1987 survey provide characteristics of homeless persons who used services, it does not include the HPWUS's additional emphasis on geographical and topic coverage as described in A.4. Thus, there is no similar information available that could be used or modified for use for the purposes described.

5. Minimizing Burden on Small Businesses

The Census Bureau plans on using the combined FEMA Local Recipients file to generate county listings of service providers for each county in the survey and mail the listings along with a copy of the HPWUS-100B(X), Local Facility Contacts Questionnaire, to all service providers shown on the FEMA list and all knowledgeable local persons. The government contacts will only be sent the listing of service providers. The knowledgeable local persons and service providers will be asked to review the listing for completeness of all service providers in their area and to add any missed service providers to the list, along with completing the HPWUS - 100B(X) questionnaire. The government contacts will only be asked to review the listing. The Census Bureau believes the file will provide an initial comprehensive listing of service providers currently offering services to the homeless thus reducing the burden of the service providers, government contacts, and knowledgeable local persons. No small businesses will be contacted.

6. Consequences of Less Frequent Collection

Not applicable. This is a one-time survey. The pretest is scheduled to be conducted in April 1995 and the national survey is planned for February 1996.

7. Consistency with 5 CFR 1320.6

The Census Bureau will collect these data in a manner consistent with the guidelines in 5 CFR 1320.6.

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As a result of these consultations, all issues were resolved.

9. Assurance of Confidentiality

The provisions of the Privacy Act of 1974 (5 USC 552a) assure the confidentiality of the data from this survey.

During the pretest and the national survey, the field representatives will inform all service providers and respondents verbally of the confidentiality of their responses and the voluntary nature of the HPWUS along with other information required by the Privacy Act of 1974 at the time of initial contact. As can be seen on the HPWUS questionnaire cover sheets (Attachments A and B respectively), a statement of confidentiality assurance is printed at the top of the form. Careful procedures are followed by the Bureau of the Census to assure privacy during the interview, and to protect the confidentiality of materials generated during the course of the interview. Every Bureau of the Census employee takes an oath and is subject to a jail sentence and a fine for improperly disclosing any information that would identify an individual or household. All field representatives are trained to interview respondents in private. All questionnaires associated with the HPWUS pretest and national survey will be kept under secured conditions by the Bureau of the Census.

10. Justification for Sensitive Questions

The HPWUS 100(A) AND 100(B) questionnaires do not include any questions of a sensitive nature. The HPWUS 200(X) questionnaire has the following sensitive questions:

Section 9 - Question 94

Question 94 asks respondents how they get their food and where they eat. The field representatives will read the response categories to the respondent. One of the possible answers is 'trash cans'. When planning services to feed the homeless population, it is critical to understand where they get their food. We need to know the number of persons who eat from trash cans.

Section 10 - Question 96

Question 96 asks respondents about their medical condition. The field representatives will read the response categories to the respondent. Possible responses include 'test positive for HIV', 'have AIDS', and 'use drugs intravenously'. There is increasing concern about the number of homeless persons with these conditions. Information about these, and other conditions, is essential when planning health care services for the homeless.

Section 11 - Questions 119c and d and 120a-c

These questions ask about parental neglect and abuse. A great deal of evidence suggest that parental neglect and abuse asked about in questions 120a-c is implicated in runaway behavior and youth homelessness. The answers to these questions will reveal the degree to which the present homeless population has these experiences in their background as potential contributing factors to their homelessness.

11. Cost

The total estimated cost for the pretest of the Survey of Homeless Persons Who Use Services is \$350,000. We compiled this estimate using individual estimates developed within each Census Bureau division involved in this survey. Estimates are based on the size of the sample and the length of the questionnaires. Administrative overheads, design, printing and mailing costs, and the payment of service providers (\$200 to each service provider) and respondents (\$10 to each respondent for a completed interview) is included.

The only cost to the service providers and the respondents is the time it takes to complete the questionnaire.

12. Estimate of Respondent Burden

The projected number of government contacts, service providers and respondents to be contacted and the estimated burden for the survey are indicated below:

<u>Forms</u>	<u>Estimated Number of Contacts/ Service Providers/ Respondents</u>	<u>Time (Minutes)</u>	<u>Total Burden (Hours)</u>
Government Contacts for Providers Questionnaire HPWUS-100A	35	5 minutes	3 hours
Review of Combined FEMA list and completion of Local Facility Contacts Questionnaire HPWUS-100B(X) hours	125	60 minutes	125
Respondent Questionnaire HPWUS - 200	72	45 minutes	54 hours
Nonrespondents	18	7 minutes	2 hours
Total	250	117 minutes	184 hours

We estimate the average time to complete the Government Contacts for Providers Questionnaire (refer to Attachment A) to be 5 minutes; the review of the Combined FEMA list and completion of the Local Facility Contacts Questionnaire (refer to Attachment B) to be 60 minutes and the Service Provider Questionnaire (refer to Attachment C) to be 30 minutes. These estimates are based on in-house testing of the questionnaires by the Census Bureau.

We estimate the information burden for these forms to be 184 hours. This includes:

- 3 hours for the completion of Government Contacts For Providers Questionnaire;
- 125 hours for review of the combined FEMA list and completion of the Local Facility Contacts Questionnaire;
- 56 hours for the Service User Questionnaire.

13. Reason for Change in Burden

Not Applicable. This is a new survey. There are, therefore, 0 hours in the current OMB inventory.

14. Project Schedule

The Census Bureau plans on mailing the listings of service providers (shelters, soup kitchens, and homeless outreach programs) from the combined FEMA Local Recipient file and the HPWUS - L1 letter along with the HPWUS - 100B(X) questionnaire as is appropriate, for those areas in sample to obtain the list of service providers and food pantries in the rural areas. Census Bureau personnel also will contact individuals from federal and state governments, agencies, organizations and knowledgeable local persons and administer the HPWUS-100A questionnaire to obtain the lists of service providers. The Census Bureau will conduct a short 5 minute interview with each service provider to obtain preliminary information and ask all service providers to review the list for their area for accuracy. The Census Bureau will conduct these operations during March and April of 1995. The Census Bureau will also conduct interviews with the service providers during March and April of 1995. The Census Bureau will conduct the interviews with the respondents during April 1995.

B. Collection of Information Employing Statistical Methods**1. Universe and Respondent Selection**

The Census Bureau will conduct the pretest of the HPWUS in three areas: Pittsburgh, PA, (includes Allegheny, Fayette, Washington, and Westmoreland Counties); Armstrong County Community Action Agency Catchment area, a Community Assistance Program (CAP) outside the Pittsburgh area; and Atlanta, GA. The Census Bureau will select a sample of three shelters, soup kitchens and/or homeless outreach programs per area and conduct five interviews at each site, twice during the month, for a total of 90 interviews.

The survey will provide detailed characteristics about literally homeless persons who use services. Most research to date has been conducted in urban and suburban areas. For such areas, there is a growing consensus among researchers that a service-based survey design with multiple visits will give a good representation of the homeless population. For other areas, such as nonmetropolitan counties and rural parts of metropolitan areas, the consensus is that service sites are sometimes not adequate to cover the homeless. The Department of Agriculture asked us to expand the survey so that information about rural homelessness can be collected. The Census Bureau identified ways to design the survey to produce reasonably precise estimates of rural homelessness. However, it should be noted that the procedures for measuring rural homelessness will be less sophisticated than our procedures in urban areas. There is much to learn about rural areas and the HPWUS is an excellent opportunity to collect information about rural homelessness. The sampling frame for the rural population of the survey is Community Assistance Program (CAP) "Catchment Areas". CAP catchment areas are counties grouped together to receive funding and provide services to the needy and are served by a CAP agency. Our preliminary research indicates that CAP agencies are a good source for lists of services in the nonmetropolitan areas they cover.

2. Procedures for Collecting Information

Sampled Service Sites

The Census Bureau will conduct the pretest in three areas. Within each site, a comprehensive list of service providers will be developed. Service providers will be randomly selected for inclusion in the pretest, and randomly assigned two days for interviewing. The sample of service providers will be stratified by type of service provided and volume of activity.

To reduce the total duration of the pretest, the pretest sample will be selected from an early version of the list of providers, rather than waiting for the final, comprehensive list. This will still give an adequate test of all procedures.

Sampled Respondents

Respondents will be randomly selected for inclusion in the survey at each of the service sites in sample.

Estimation

No estimation will result from the pretest, but information will be collected during the pretest to evaluate estimation methods for the national survey in 1996.

Several basic types of estimates are needed from the survey:

- a. Weighted estimates of the average number of persons using services on any given day in April;
- b. Weighted estimates of the total number of persons using services at any time during April.

Other estimates can be derived from these. For example, the weights applied to obtain estimates a. or b. could be used for estimates only of those service-using persons who are homeless according to different definitions of homelessness. For the national survey, it is likely that we will give a range of estimates, corresponding to different assumptions about coverage and multiplicity biases.

The weights for a. will be standard survey weights based on the selection probability, with adjustments for nonresponse. There will need to be a "multiplicity" adjustment to reduce the relative weight of people who have two chances of selection because they use both shelters and soup kitchens, as determined from the questionnaire. The pretest results will be used to determine the optimum mix of shelters and soup kitchens for the 1996 national survey.

For b. we are considering three estimation methods. One purpose of the pretest is to get information to evaluate these methods.

METHOD 1: The weight will be proportional to the number of consecutive days prior to the interview (up to 28 days) that the person did not use a shelter (for the shelter sample) or soup kitchen (for the soup kitchen sample). For example, a person who says this is their first

night in any shelter in the last 28 days will be given a weight 28 times the typical weight of a person who was in a shelter the night before. (Intuitively, the method assumes that for every person we find who is just entering homelessness, there are 27 others whom we miss because we didn't happen to interview them on their first day.) There is a precise mathematical justification for the method as giving an unbiased estimate of the total number of service users during 28-day periods centered around February, making some assumptions that overall patterns of service use are fairly constant throughout the month.

This is intended to be our primary method. The potential drawback of this method would be if the pretest finds too many people who are just starting to use services after a long absence, resulting in too many large weights. Limited research from 1990 census evaluation projects suggests that this should not be a problem. However, if this turns out to be a problem we would either use the Method 2 or use Method 1 with a 7-day "window" instead of a 28-day "window".

METHOD 2: The weight will be inversely proportional to the number of days in the last week the respondent used a shelter (for the shelter sample) or soup kitchen (for the soup kitchen sample). This is the procedure used in the 1987 Urban Institute study. We will ask this question for comparability with that survey. This approach has two disadvantages. First, even if the questions are answered accurately, the method has a mathematical bias unless each person has the same pattern of service use each week. Second, it is not reasonable to ask a person for his/her average shelter use for an entire month, so the method cannot give direct estimates for the total number using services during a period longer than a week.

METHOD 3: Capture-recapture. We do not intend to use this method during the pretest, but we will test the matching procedures as if we were using this method. Our pretest sample will be designed to limit the number of times we encounter the same individual. We are not using capture-recapture estimation, we would have to select the sample independently each day, so that there would be a chance that a person or small shelter might come into sample numerous times.

The Urban Institute and the Census Bureau developed the survey design. As part of Joint Statistical Agreements between the Urban Institute and the Census Bureau, the following operational papers were developed. The papers are included as part of this OMB Clearance request.

Joint Statistical Agreement 91-30

- Developing a Provider List - November 27, 1991
- Methodological Issues and Options - November 27, 1991
- Options for Evaluating Coverage in Urban Areas - December 10, 1991
- Ranking of Data Items by Federal Agencies - December 10, 1991

Joint Statistical Agreement 92-01

- Draft Questionnaire and Agency Data Needs - March 26, 1992
- Developing Provider Lists for a National Homeless Survey - March 26, 1992
- Proposed Methodology for a National Homeless Survey - March 26, 1992
- Questions for Unduplicating and for Estimating a Month-Long Point Prevalence and Annual Prevalence - March 26, 1992
- Developing Estimates of the Number of Service Providers in Different Strata -

April 10, 1992

- Options for Evaluating Survey Coverage in Urban Areas, and Preliminary Information on Rural Areas - April 10, 1992

Joint Statistical Agreement 92-04 (See Attachment L)

- Mechanics of List Development and Additional Field and Survey Procedures - August 14, 1992
- Estimates of Service Providers and Users in Non-MSA Areas, and Options for Evaluating Survey Coverage in These Areas - August 4, 1992

3. Methods to Maximize Response

a. Survey Frame

New research indicates the greatest improvement in coverage of the homeless population is through multiple visits to service sites (e.g., soup kitchens and shelters) and outreach programs during a four-week period. The HPWUS survey design uses a service-based methodology. A "service user" is anyone who uses generic services or shelters, soup kitchens, or other services for the homeless. The survey frame will include shelters, soup kitchens, and outreach programs. A "non-service user" is anyone who does not use any of these services.

According to the 1987 Urban Institute study, the shelter frame covers homeless people who use shelters, which may be 35 to 40 percent of the homeless on any given night, and about 50 percent over the course of a week. If conducted on a one-night basis, the shelters' sampling frame taken by itself will miss many homeless who use shelters infrequently, homeless service users who do not use shelters but do use soup kitchens and other services, and homeless people who do not use any services. If data collection involves repeated samples from the same shelters over the course of a week or a month, a considerably higher proportion of the homeless (perhaps as high as 70 percent) is likely to be captured through a methodology based on shelters.

The soup kitchen sampling frame, taken by itself over the course of a week, will capture a proportion of very poor people residing in conventional dwellings who may turn out to be at imminent risk of homelessness. According to the 1987 Urban Institute study, 43 percent of soup kitchen users are not literally homeless. When shelter and soup kitchen frames are combined during the course of a week, the shelter and soup kitchen frames will probably cover about 70 percent of the literally homeless and a small but unknown proportion of the service-using at-risk population. When data collection covers a month (as planned for the national survey), the coverage will be even greater--perhaps as high as 85-90 percent of the literally homeless.

In many cities, the array of services for the homeless include one or more outreach programs. These programs may be operated by a shelter, soup kitchen, drop-in center, health care center, neighborhood center, or other service facility. Their target population is homeless people who do not routinely use shelters or soup kitchens. The outreach programs typically distribute food, and sometimes blankets or warm clothing. Outreach teams typically follow a route that covers the known locations frequented by homeless street people, or where homeless street people assemble at the time they know the "food wagon" will come by. Including outreach programs in a design as a

sampling frame allows one to maintain the control and efficiency associated with sampling service programs and their users, while still reaching the "reachable" proportion of the street homeless population. Outreach programs are probably the best single source of information about the hidden street population and the most cost effective opportunity to make contact with the street population. Additional enumeration of street locations and encampments yields little overall coverage improvement when shelters, soup kitchens, and outreach programs are interviewed multiple times over a month.

The HPWUS is designed to cover as much of the literally homeless population as possible and still meet the cost considerations of the sponsors. From previous research, it appears that up to 90 percent coverage of the literally homeless population is achievable with the shelter/soup kitchen/ outreach programs methodology conducted during a winter month. This service-based methodology will be considerably cheaper and easier than implementing a street enumeration to attempt to get the last 10 percent. In addition, even if the resources were committed to achieve full coverage, there is no guarantee we would get the last 10 percent.

b. Incentives to Participate in the Survey

Private university researchers, usually with funding from federal grants, have conducted past homeless surveys. In the past, researchers have paid respondents to participate in a survey, usually about \$20. The HPWUS survey will impose an extra burden on the service providers who are asked to participate in the survey since they will: participate in pre-contact meeting(s) with Census Bureau regional office staff; provide space at their facility for the Census Bureau's field representatives to interview sample persons on scheduled days and at scheduled times; and administer cash payments to the survey respondents.

The HPWUS survey also will impose extra burden on the selected sample of homeless persons because they will be asked to remain at the service provider's facility for an interview that may take 45 minutes and respond to personal questions. Given these circumstances, we feel it is appropriate to offer a monetary incentive of \$200 to each service provider and \$10 to each respondent to guarantee their cooperation in the survey.

While there is no research specifically on the effects of paying the homeless, there is a strong research basis for the use of monetary incentives to increase the cooperation of economically disadvantaged populations. Two studies using random assignment have carefully examined the impact of incentives on survey cooperation.

The first study, by Stuart H. Kerachsky and Charles D. Mallor (1981), examined the use of incentives in surveys of Job Corps participants and a comparison group. Five thousand eight hundred people participated in the study. The survey population consisted of economically disadvantaged youths aged 16-21 at the beginning of the study. (The survey respondents were interviewed 3 times over 18 months). Survey respondents were offered either no incentive or a \$5 payment for their participation in the 30 minute survey. (The 1991 equivalent value of the incentive payment is approximately \$15.)

The impact of the monetary incentives was determined by comparing the survey response rates and other outcomes for the experimental group (the \$5 incentive group)

to those for the control group (the \$0 incentive group). The most notable findings from this survey on the effect of respondent payments are:

- Response rates increased by offering a monetary incentive. [More people were located (10 percent) and completed the survey (5 percent) when an incentive was offered.]
- Item nonresponse rates decreased. (Fewer "Don't Know" responses.)
- The cost per completed interview was smaller for the group that was offered an incentive.

The second study, by the Educational Testing Service (1991), examined the use of monetary incentives in the pilot test of the National Adult Literacy Survey. The sample population of 2,000 included a nationally representative sample of adults aged 16 and older living in households. The sample persons completed a 15 minute background questionnaire and a timed 45 minute test of literacy skills. The respondents received a monetary incentive of \$0, \$20, or \$35 for participating in the survey. The impact of the monetary incentives were determined by comparing the survey response rates and other outcomes for the experimental groups (the \$20 and \$35 incentive groups) to those for the control group (the \$0 incentive group). The most notable findings from this survey on the effect of respondent payments are:

- Response rates for economically disadvantaged, minority, and high school dropout populations are significantly improved by offering monetary incentives.
- The use of monetary incentives reduced item nonresponse and data collection costs.

Many other studies have been done and articles written documenting the effect of monetary incentives on response rates.

- A study by Miller, Kennedy, and Bryant (1972) of the 1971 Health and Nutrition Examination Survey showed that offering a monetary incentive increased the response rate from 70 percent to 82 percent.
- A study by Chromy and Horvitz (1978) suggests that response rates were found to be unacceptably low when no monetary incentive was used. However, the participation rate increased from 70 to 85 percent with the use of monetary incentives.
- A study by Berk, Mathiowetz, Ward, and White (1988) discusses how monetary incentives improved the response rates of adults.

During 1991 and 1992, the University of Michigan Survey Research Center, examined the effects of monetary incentives on the willingness of youth to participate in the Youth Risk Behavior Surveillance System (YRBS) interview and on their motivation to answer YRBS questions as accurately and truthfully as possible. The study involved focus groups with about 6 to 8 teenagers (ages 12-19) in each group. The focus groups included teenagers from a range of ages, racial, and ethnic backgrounds and both sexes. In order to assess the impact of monetary incentives on respondent

participation and the motivation group, interviews with both the youth and their parents occurred. A split sample experiment was conducted during the pretest interviews in order to more formally assess the effect of monetary incentives on respondent participation. The most notable findings from the YRBS on the effect of respondent payments are:

- Youth who are aware that they will be paid for completing an interview are more likely to agree to participate (the cooperation rate increased from 79 percent to 90 percent because of the respondent being paid for participating in the survey).

NOTE: The youth group participants stated that monetary compensation (the youth received \$20 for participating in the study) was important to their keeping their appointments to participate in the study.

- Youth feel that monetary compensation increases the seriousness with which they approach the task of answering questions and increases the accuracy and truthfulness of their responses. This point is particularly relevant, given the personal nature of the HPWUS questionnaire (i.e., drug and alcohol use and mental health status) and the fact that the HPWUS questionnaire will be administered at the service provider facilities.

The first two studies show that the response rates for economically disadvantaged populations, which include homeless persons who use services, are significantly improved by offering monetary incentives. While the University of Michigan survey only dealt with the effects of monetary incentives on youth, the results not only show that youth respondents are more willing to cooperate when they receive payment but that the parents of the youth also feel that payment is beneficial in obtaining the respondents participation. The results from this survey are noteworthy since the respondents for the HPWUS will include both youth and adults.

No surveys have been conducted with homeless persons to actually compare the response rates of homeless persons who receive a monetary incentive for participation to those homeless persons who do not receive a monetary incentive for participation. However, there have been numerous studies conducted dealing with the homeless population, in which respondents were paid.

In a paper presented at the Fannie Mae Annual Housing conference in Washington, DC on May 14, 1991, Dr. Michael Dennis of the Research Triangle Institute, presented a chronological summary of ten relevant studies on homelessness completed since 1983. (See Attachment H for a list of these studies.) In all ten studies, the respondents received payment for participating in the study. In February 1991, the Research Triangle Institute conducted the Washington, DC Metropolitan Area Drug Study (DC-MADS) and paid participants \$10 along with offering them coffee, juices, Pop Tarts, and/or toothbrushes for taking the time to participate in the survey. The Research Triangle Institute also gave a \$35 food donation to the service providers each morning they sampled at the provider's facility. In October 1991, the Wilder Foundation completed a statewide enumeration of homeless persons in Minnesota. Respondents received a \$5 cash payment for the half-hour interview.

These past practices of paying respondents has direct implications on the HPWUS survey design and on response rates of the HPWUS. The success of the survey is dependent upon the cooperation of the service providers and respondents.

(1) Cooperation of Service Providers

Most service providers require (or prefer) respondents to be compensated for their participation in the survey. Paying the service providers is also critical to guarantee their cooperation. The cooperation of the service providers is essential for the following reasons:

- (a) Providers determine if the voluntary survey will be conducted at the facility. They also determine logistical arrangements for conducting the interview.
- (b) Providers must agree to allow respondents to remain at the facility (e.g., after eating) to be interviewed. Normally, persons are required to immediately leave the site once services are provided.
- (c) Providers often have significant influence with homeless persons seeking their services.

(2) Respondent Cooperation

The survey design of the HPWUS requires sampling persons at the facility. Paying respondents is critical to ensure that designated sample persons remain at the facility to be interviewed once they have used the services offered. Without payment, there is little incentive for respondents to remain on site for an interview that may take 45 minutes and asks personal questions, such as drug and alcohol use, mental health status, living conditions, victimizations, and imprisonment.

In our consultations with outside experts in this field, all persons indicated that paying respondents to participate in the survey was critical to achieving acceptable response rates. All experts agree that we should expect high nonresponse rates if respondents are not compensated for their participation.

To ensure the cooperation of the service providers and the respondents, we recommend that a Memorandum of Understanding (see Attachment I) be entered into by the U.S. Bureau of the Census and the service facility. Under this agreement, the Census Bureau will compensate the service providers for their help. For example, the Census Bureau will ask the service provider to:

- Participate in pre-contact meeting(s) with Census Bureau regional office staff to make logistical arrangements to conduct the survey.
- Make space available at the facility to interview sample persons.
- Agree to allow the field representatives to conduct interviews on scheduled days and at scheduled times according to the statistical sampling schemes designed for the HPWUS.
- Administer cash payments of \$10 to survey respondents. Administering cash payments this way alleviates safety concerns about placing the field representatives and survey respondents at risk of crime.

We believe that the studies summarized here make a strong case for the use of monetary incentives to guarantee the cooperation of the service providers and the respondents.

4. Testing of Procedures

The pretest will use within-shelter/soup kitchen sampling procedures adapted from procedures used successfully in surveys the Urban Institute and the Research Triangle Institute conducted. An important purpose of the pretest is to test these procedures with the Census Bureau field staff. These sampling procedures must be understood and correctly implemented by the Census Bureau field staff to ensure the statistical integrity of the survey. Additional areas to be tested are:

- a. Developing a comprehensive listing of service providers in the pretest area.
- b. Conducting pre-contact meeting(s) with service facilities to ensure their voluntary participation in the survey. Also, testing the process of entering into a Memorandum of Understanding with the service provider to administer payment to the survey respondents and to secure space at the facility to conduct the interview.
- c. Administering payment to survey respondents via the Memorandum of Understanding.
- d. Developing Field Representative training and procedural manuals.
- e. Developing methodology for correcting for duplication of survey respondents and for developing estimates of the population.

5. Contacts for Statistical Aspects and Data Collection

The following individuals are being consulted on statistical aspects of the survey design:

Dr. Martha Burt
The Urban Institute
2100 M Street, NW
Washington, DC 20037
Tel: (202) 857-8551

Dr. Michael Dennis
Research Triangle Institute
Center for Social Research and
Policy Analysis
PO Box 12194
Research Triangle Park, NC 27709-2194
Tel: (919) 541-6429

Dr. Charles H. Alexander
Demographic Statistical Methods Division
Bureau of the Census
Washington, DC 20233
(301) 457-4290

The Census Bureau will collect the data for this survey. Mr. Steven Tourkin is responsible for the collection of all data and is the Census Bureau contact person for the survey.

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Mr. Steven C. Tourkin
Demographic Surveys Division
Bureau of the Census
Washington, DC 20233
(301) 457-3791

List of Attachments

Attachment A	HPWUS-100A Government Contacts for Providers Questionnaire
Attachment B	HPWUS-100B(X) Local Facility Contacts Questionnaire
Attachment C	HPWUS-200(X) Service User (Respondent) Questionnaire
Attachment I	Memorandum of Understanding
Attachment J	Title 12 United States Code Section 1701 z-1
Attachment L	HPWUS-L1 Cover Letter and HPWUS-L1A

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ATTACHMENT A

HPWUS-100A

Survey of Homeless Persons
Who Use Services (HPWUS)
Agency Questionnaire

Regional Office _____ Date of Contact _____

Name _____

1. Local Government Agency Name (Also enter Department or Division, if applicable.)	2. Telephone Number (Listed name of contact person, if available.)
--	---

Good morning (afternoon). My name is _____ and I am calling from the United States Bureau of the Census in (RO city). The Census Bureau is preparing to conduct a survey of homeless persons who receive services from local service providers. In order to conduct this survey, we are creating a comprehensive list of all people or organizations who provide services to homeless persons in the (city/county name) area.

3. Do you or does your agency maintain a list of people or organizations who provide services to the homeless?

☐ Yes -- Can you send us (either by mail or FAX) a copy of your listing of local service providers?

a. ☐ Unable to send list. (Provide reason, if given, and continue interview as if a "No" response.)

b. ☐ Sending list. (Provide regional office address or FAX number. Enter respondent's name and title in items 5 and 6. Thank the respondent for his/her assistance and end the interview.)

☐ No -- Can you tell me the names, addresses, and telephone numbers of any local service providers?

c. ☐ Yes -- Enter the name, address, and/or telephone number for up to five service providers in item 4. Enter respondent's name and title in items 5 and 6. Thank the respondent for his/her assistance and end the interview.

d. ☐ No -- (Enter respondent's name and title in items 5 and 6. Thank the respondent for his/her assistance and end the interview.)

4. Service providers (List up to 5 providers. Obtain all information such as name, address, telephone number, etc.).			
Facility (Provider) Name (List all names that the facility is known by.)	Address	Physical Location	Telephone Number
5. Name of Respondent		6. Title	
<p style="text-align: center;">Suggested Closing Statement:</p> <p style="text-align: center;"><i>Thank you for your assistance in developing a complete list of service providers for the homeless.</i></p>			
Notes:			

Form HFWUS-100B(x) 1/13/95		ATTACHMENT B	
<h2 style="margin: 0;">LOCAL FACILITY CONTACTS</h2> <h3 style="margin: 0;">THE SURVEY OF SERVICES FOR HOMELESS PERSONS</h3>			
<p>We are asking you to identify programs and services that serve people who are homeless as defined by Stewart B. McKinney Homeless Assistance Act of 1987. When thinking about your programs and services, please list all programs or services for the homeless, whether they serve individuals, families, victims of domestic violence, runaway youth, persons with mental illness, or other homeless groups.</p> <p>The McKinney Act defines "homeless" as:</p> <ul style="list-style-type: none"> (1) An individual who lacks a fixed, regular, and adequate night-time residence; and; (2) An individual who has a primary night-time residency that is: <ul style="list-style-type: none"> (i) A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelter, and transitional housing for the mentally ill); (ii) An institution that provide a temporary residence for individuals intended to be institutionalized; or (iii) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodations for human beings. (3) This term does not include any individual imprisoned or otherwise detained under an Act of Congress or a state law. <p>People who are at imminent risk of losing their housing, because they are being evicted from private dwelling units or are being discharged from institutions and have nowhere else to go, are usually considered to be homeless for program eligibility purposes.</p>			
A.	Date form completed (Month and Day)		
B	Name and Title of person completing form		
C	Address		
D	Phone Number (include area code)		
We are asking you the following questions on programs that you are affiliated with, or that you offer, that provide assistance to homeless persons.			
1.	Do you offer programs to serve the homeless at THIS ADDRESS? Yes, services provided at this address No, services for the homeless are not provided at this address.	<input type="checkbox"/> Yes - ANSWER QUESTIONS 2 THROUGH 24 <input type="checkbox"/> No - ANSWER QUESTIONS 2 AND 3 ONLY	
2.	Do you provide programs for the homeless at other locations?	<input type="checkbox"/> Yes - LIST NAMES, ADDRESSES, CONTACT PERSONS AND PHONE NUMBERS ON PAGES 37 and 38 <input type="checkbox"/> No	
3.	Are you affiliated with a parent organization that provides programs for homeless people at other locations?	<input type="checkbox"/> Yes - LIST NAMES, ADDRESSES, CONTACT PERSONS AND PHONE NUMBERS ON PAGES 37 and 38 <input type="checkbox"/> No	

Completing the Questionnaire

This questionnaire is organized by type of program to make it easier for you to complete. Specifically, questions 4-19 each contain several questions about participation in and services offered under 16 program types. These questions are repeated for each program type.

You only need to provide information about the PROGRAMS you operate at this address, and the services these programs offer.

For example, if you operate 2 separate programs, that each receive separate funding e.g., a drop-in center and transitional housing, you would complete the sections for a drop-in center and for transitional housing, but not the sections for the other 14 program types.

But, if you operate one program that offers various types of services (e.g. a transitional housing program that offers outreach services and mental health services as part of the program), you would complete the section on transitional housing only, and provide information about your outreach and mental health services in question 7k-o.

All Respondents should complete questions 20-26.

3.5	<p align="center">Type of Program/Services at This Address</p> <p>The programs that you may offer at this address are listed below. For each, mark 'Yes' or 'No'. For each program marked 'Yes', please complete the questions on the pages indicated.</p>	<p align="center">IF YES, ANSWER QUESTIONS ON</p>
a.	OUTREACH PROGRAM - going out into the streets to take homeless people food, blankets, or other necessities; to offer medical/mental health care and/or chemical dependency screenings/referrals; or to offer other assistance on a regular basis? (Mobile outreach programs only - NOT in-house programs) "Regular" is defined as at least once a week; can be day or night. Mobile food programs are included under the section on Soup Kitchens.	<input type="checkbox"/> Yes - p.2-3 <input type="checkbox"/> No
b.	DROP-IN CENTER - that provide daytime services primarily for the homeless (OTHER THAN) facilities serving meals that should be included under SOUP KITCHENS.	<input type="checkbox"/> Yes - p.4-5 <input type="checkbox"/> No
c.	EMERGENCY SHELTER PROGRAM - operate on a first-come-first served basis where people must leave in the morning and have no guaranteed bed for the next night OR where people know that they have a bed for a specified period of time (even if they leave the building every day). Shelters include facilities which provide temporary shelter during extremely cold weather (such as churches) and may provide emergency shelter for runaway or neglected children and youth, or for battered or abused women.	<input type="checkbox"/> Yes - p.6-7 <input type="checkbox"/> No
d.	TRANSITIONAL HOUSING PROGRAM - (maximum stay up to two years) which offer augmented services to promote self-sufficiency and to gain permanent housing.	<input type="checkbox"/> Yes - p.8-9
e.	PERMANENT HOUSING FOR HOMELESS PEOPLE - with support services. This may include Section 8 vouchers, PHA units, SROs, and other long-term housing assistance. In this section ONLY include permanent housing designed to serve persons who are homeless AT THE TIME OF ENTRY INTO the permanent housing.	<input type="checkbox"/> Yes - p.10-11 <input type="checkbox"/> No
f.	VOUCHER ARRANGEMENT - hotels, motels, or other facilities (other than shelters) for which vouchers are given out OR which operate under contract to provide shelter to homeless people.	<input type="checkbox"/> Yes - p.12-13 <input type="checkbox"/> No
g.	VOUCHER ARRANGEMENT - office which distributes vouchers for shelter to homeless people.	<input type="checkbox"/> Yes - p.14-15 <input type="checkbox"/> No
h.	SOUP KITCHEN or MEAL DISTRIBUTION - Soup kitchens, food lines, and programs distributing prepared breakfasts, lunches, or dinners for homeless or needy people. These programs may be organized as food service lines, bag or box lunches, tables where people are seated then served by program personnel, etc. These programs may or may not have a place to sit and eat the meal.	<input type="checkbox"/> Yes - p.16-17 <input type="checkbox"/> No
i.	MOBILE FOOD PROGRAM - for homeless, which visits designated street locations offering homeless people food.	<input type="checkbox"/> Yes - p.18-19 <input type="checkbox"/> No
j.	FOOD PANTRY PROGRAM - distributes uncooked food in boxes or bags.	<input type="checkbox"/> Yes - p.20-21 <input type="checkbox"/> No
k.	HEALTH CARE PROGRAM - provides health care services to homeless people. This includes medical, dental, and other health care problems.	<input type="checkbox"/> Yes - p.22-23 <input type="checkbox"/> No
l.	MENTAL HEALTH PROGRAM - for homeless persons, not marked already.	<input type="checkbox"/> Yes - p.24-25 <input type="checkbox"/> No
m.	ALCOHOL or OTHER DRUG PROGRAM - for homeless persons, not marked already.	<input type="checkbox"/> Yes - p.26-27 <input type="checkbox"/> No
n.	HIV/AIDS PROGRAM - for homeless persons, not marked already.	<input type="checkbox"/> Yes - p.28-29 <input type="checkbox"/> No
o.	MIGRANT HOUSING - in the off season for homeless persons.	<input type="checkbox"/> Yes - p.30-31 <input type="checkbox"/> No
p.	OTHER FACILITIES - which provide services for the homeless, such as clothing distribution centers, education and/or employment skills training.	<input type="checkbox"/> Yes - p.32-33 <input type="checkbox"/> No

OUTREACH PROGRAM

4 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program from this location?	_____ Adults
4 b Of these ADULTS, approximately what percent are regulars or repeaters—using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
4 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
4 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
4 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
4 f Among all persons using the services of this program, please enter the approximate percentage of --- - Unaccompanied adult men 18 years or older - Unaccompanied adult women 18 years or older - People in single-parent families with children - People in two-parent families with children - Adult couples without children - Unaccompanied male youth under 18 years - Unaccompanied female youth under 18 years	<i>The percents below should add up to 100 percent</i> _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent
4 g Is this program a --- - Private, non-profit, religious affiliated program - Private, non-profit, non-sectarian program - Public agency - Private, for profit	MARK (X) ONLY ONE BOX <input type="checkbox"/> Private, non-profit, religious <input type="checkbox"/> Private, non-profit, non-sectarian <input type="checkbox"/> Public <input type="checkbox"/> Private for profit
4 h Approximately what percent of your funding for this program do you get from --- - Private funding: donations, foundation grants, United Way, individuals contributions - Government funding - federal, state or local - Other - SPECIFY SOURCE _____	_____ Percent _____ Percent _____ Percent
4 i Is this program primarily for --- (1) Victims of domestic violence, battered women? (2) Runaway or homeless youth? (3) People with mental health problems? (4) People with drug or alcohol problems? (5) People with HIV/AIDS? (6) Veterans? (7) Other - SPECIFY _____	j. For each item marked 'YES', please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc. <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No

Please answer these questions concerning the services that may be provided under the OUTREACH program.

SERVICE	k. Do your clients need the services below, as part of this program?		l. Is this service provided at this address?		m. Is this service available to your homeless clients at another location?			n. Is it available to them when needed, at the other location, AND is it adequate for their needs?	
	IF YES, ANSWER Items l, m, n and o				IF YES, ANSWER				
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. OUTREACH	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. CASE MANAGEMENT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. LIFE SKILLS ---									
(1) Money management	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Transportation usage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Household management	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Other life skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. EDUCATION ---									
(1) General Equivalency Diploma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) English as a Second Language	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Early childhood education (Head Start)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Basic Literacy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(5) After school tutoring	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Access and transportation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. EMPLOYMENT/VOCATIONAL ---									
(1) Pre-vocational training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Transitional employment/paid internship	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Training for specific jobs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Vocational rehabilitation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Vocational counseling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Job placement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Sheltered workshop	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. SUBSTANCE ABUSE ---									
(1) Detoxification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Alcoholics or Narcotics Anonymous	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Individual/group substance abuse counseling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. MENTAL HEALTH ---									
(1) Crisis intervention	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Medication monitoring	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Psychosocial rehabilitation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Individual/group psychological counseling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Psychiatric treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Peer group/self help	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. PHYSICAL HEALTH ---									
(1) Primary care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Physical rehabilitative care/physical therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Prenatal care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Medical screening	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. HIV/AIDS SERVICES	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. FAMILY AND CHILDREN'S SERVICES ---									
(1) Day/Evening care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Immunization and screening	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Parenting training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Parents Anonymous	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l. OTHER SERVICES									
(1) Housing location assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Housing counseling and short-term rental assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Followup support services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Enrollment in entitlement program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Legal assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Any other - SPECIFY	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4o. Do you operate another program at this location?	<div style="text-align: center;">13</div> <input type="checkbox"/> Yes - LOOK AT CHART ON PAGE 13 AND GO TO THE PAGES FOR THE NEXT PROGRAM <input type="checkbox"/> No - SKIP TO QUESTION 20 ON PAGE 34								

DROP-IN CENTER

5 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program at this location?	_____ Adults
5 b Of these ADULTS, approximately what percent are regulars or repeaters using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
5 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
5 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
5 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
5 f Among all persons using the services of this program, please enter the approximate percentage of ---	<i>The percents below should add up to 100 percent</i>
- Unaccompanied adult men 18 years or older	_____ Percent
- Unaccompanied adult women 18 years or older	_____ Percent
- People in single-parent families with children	_____ Percent
- People in two-parent families with children	_____ Percent
- Adult couples without children	_____ Percent
- Unaccompanied male youth under 18 years	_____ Percent
- Unaccompanied female youth under 18 years	_____ Percent
5 g Is this program a ---	MARK (X) ONLY ONE BOX
- Private, non-profit, religious affiliated program - Private, non-profit, non-sectarian program - Public agency - Private, for profit	<input type="checkbox"/> Private, non-profit, religious <input type="checkbox"/> Private, non-profit, non-sectarian <input type="checkbox"/> Public <input type="checkbox"/> Private for profit
5 h Approximately what percent of your funding for this program do you get from ---	
- Private funding: donations, foundation grants, United Way, individuals contributions	_____ Percent
- Government funding - federal, state or local	_____ Percent
- Other - SPECIFY SOURCE _____	_____ Percent
5 i Is this program primarily for ---	j. For each item marked "YES", please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc.
(1) Victims of domestic violence, battered women?	<input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No
(2) Runaway or homeless youth?	<input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No
(3) People with mental health problems?	<input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No
(4) People with drug or alcohol problems?	<input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No
(5) People with HIV/AIDS?	<input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No
(6) Veterans?	<input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No
(7) Other - SPECIFY _____	<input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No

Please answer these questions concerning the services that may be provided under the DROP-IN CENTERS.

SERVICE	Question 5 -- k. Do your clients need the services below, as part of this program? IF YES, ANSWER Items l, m, n and o	l. Is this service provided at this address?	m. Is this service available to your homeless clients at another location? IF YES, ANSWER n	n. Is it available to them when needed, at the other location, AND is it adequate for their needs?
			DK = Don't Know	
a. OUTREACH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. CASE MANAGEMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. LIFE SKILLS ---				
(1) Money management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Transportation usage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Household management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Other life skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. EDUCATION ---				
(1) General Equivalency Diploma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) English as a Second Language	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Early childhood education (Head Start)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Basic Literacy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) After school tutoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Access and transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. EMPLOYMENT/VOCATIONAL ---				
(1) Pre-vocational training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Transitional employment/paid internship	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Training for specific jobs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Vocational rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Vocational counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Job placement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(7) Sheltered workshop	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. SUBSTANCE ABUSE ---				
(1) Detoxification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Alcoholics or Narcotics Anonymous	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Individual/group substance abuse counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. MENTAL HEALTH ---				
(1) Crisis intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Medication monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Psychosocial rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Individual/group psychological counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Psychiatric treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Peer group/self help	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. PHYSICAL HEALTH ---				
(1) Primary care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Physical rehabilitative care/physical therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Prenatal care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Medical screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. HIV/AIDS SERVICES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. FAMILY AND CHILDREN'S SERVICES ---				
(1) Day/Evening care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Immunization and screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Parenting training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Parents Anonymous	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. OTHER SERVICES				
(1) Housing location assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Housing counseling and short-term rental assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Followup support services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Enrollment in entitlement program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Legal assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Any other - SPECIFY _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
50. Do you operate another program at this location?	<input type="checkbox"/> Yes - LOOK AT CHART ON PAGE 1 ^B AND GO TO THE PAGES FOR THE NEXT PROGRAM <input type="checkbox"/> No - SKIP TO QUESTION 20 ON PAGE 34			

EMERGENCY SHELTER	
6 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program from location?	_____ Adults
6 b Of these ADULTS, approximately what percent are regulars or repeaters—using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
6 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
6 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
6 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
6 f Among all persons using the services of this program, please enter the approximate percentage of --- - Unaccompanied adult men 18 years or older - Unaccompanied adult women 18 years or older - People in single-parent families with children - People in two-parent families with children - Adult couples without children - Unaccompanied male youth under 18 years - Unaccompanied female youth under 18 years	The percents below should add up to 100 percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent
6 g Is this program a --- - Private, non-profit, religious affiliated program - Private, non-profit, non-sectarian program - Public agency - Private, for profit	MARK (X) ONLY ONE BOX <input type="checkbox"/> Private, non-profit, religious <input type="checkbox"/> Private, non-profit, non-sectarian <input type="checkbox"/> Public <input type="checkbox"/> Private for profit
6 h Approximately what percent of your funding for this program do you get from --- - Private funding: donations, foundation grants, United Way, individuals contributions - Government funding - federal, state or local - Other - SPECIFY SOURCE	_____ Percent _____ Percent _____ Percent
6 i Is this program primarily for --- (1) Victims of domestic violence, battered women? (2) Runaway or homeless youth? (3) People with mental health problems? (4) People with drug or alcohol problems? (5) People with HIV/AIDS? (6) Veterans? (7) Other - SPECIFY _____	j. For each item marked "YES", please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc. <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No

Please answer these questions concerning the services that may be provided under the EMERGENCY SHELTER programs.

Question 6 --

SERVICE	k. Do your clients need the services below, as part of this program? IF YES, ANSWER items l, m, n and o	l. Is this service provided at this address?	m. Is this service available to your homeless clients at another location? IF YES, ANSWER n	n. Is it available to them when needed, at the other location, AND is it adequate for their needs?
a. OUTREACH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	DK = Don't Know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. CASE MANAGEMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. LIFE SKILLS ---				
(1) Money management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Transportation usage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Household management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Other life skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. EDUCATION ---				
(1) General Equivalency Diploma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) English as a Second Language	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Early childhood education (Head Start)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Basic Literacy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) After school tutoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Access and transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. EMPLOYMENT/VOCATIONAL ---				
(1) Pre-vocational training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Transitional employment/paid internship	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Training for specific jobs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Vocational rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Vocational counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Job placement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(7) Sheltered workshop	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. SUBSTANCE ABUSE ---				
(1) Detoxification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Alcoholics or Narcotics Anonymous	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Individual/group substance abuse counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. MENTAL HEALTH ---				
(1) Crisis intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Medication monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Psychosocial rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Individual/group psychological counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Psychiatric treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Peer group/self help	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. PHYSICAL HEALTH ---				
(1) Primary care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Physical rehabilitative care/physical therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Prenatal care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Medical screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. HIV/AIDS SERVICES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. FAMILY AND CHILDREN'S SERVICES ---				
(1) Day/Evening care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Immunization and screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Parenting training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Parents Anonymous	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. OTHER SERVICES				
(1) Housing location assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Housing counseling and short-term rental assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Followup support services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Enrollment in entitlement program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Legal assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Any other - SPECIFY _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
60. Do you operate another program at this location?	<input type="checkbox"/> Yes - LOOK AT CHART ON PAGE 1 ^B AND GO TO THE PAGES FOR THE NEXT PROGRAM <input type="checkbox"/> No - SKIP TO QUESTION 20 ON PAGE 34			

TRANSITIONAL HOUSING PROGRAM	
7 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program at this location?	_____ Adults
7 b Of these ADULTS, approximately what percent are regulars or repeaters—using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
7 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
7 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
7 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
7 f Among all persons using the services of this program, please enter the approximate percentage of --- - Unaccompanied adult men 18 years or older - Unaccompanied adult women 18 years or older - People in single-parent families with children - People in two-parent families with children - Adult couples without children - Unaccompanied male youth under 18 years - Unaccompanied female youth under 18 years	The percents below should add up to 100 percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent
7 g Is this program a --- - Private, non-profit, religious affiliated program - Private, non-profit, non-sectarian program - Public agency - Private, for profit	MARK (X) ONLY ONE BOX <input type="checkbox"/> Private, non-profit, religious <input type="checkbox"/> Private, non-profit, non-sectarian <input type="checkbox"/> Public <input type="checkbox"/> Private for profit
7 h Approximately what percent of your funding for this program do you get from --- - Private funding: donations, foundation grants, United Way, individuals contributions - Government funding - federal, state or local - Other - SPECIFY SOURCE _____	_____ Percent _____ Percent _____ Percent
7 i Is this program primarily for --- (1) Victims of domestic violence, battered women? (2) Runaway or homeless youth? (3) People with mental health problems? (4) People with drug or alcohol problems? (5) People with HIV/AIDS? (6) Veterans? (7) Other - SPECIFY _____	J. For each item marked "YES", please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc. <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No

Please answer these questions concerning the services that may be provided under the TRANSITIONAL HOUSING program.

SERVICE	Question 7 -- k. Do your clients need the services below, as part of this program? IF YES, ANSWER Items l, m, n and o	l. Is this service provided at this address?	m. Is this service available to your homeless clients at another location? IF YES, ANSWER n	n. Is it available to them when needed, at the other location, AND is it adequate for their needs?
			DK = Don't Know	
a. OUTREACH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. CASE MANAGEMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. LIFE SKILLS ---				
(1) Money management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Transportation usage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Household management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Other life skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. EDUCATION ---				
(1) General Equivalency Diploma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) English as a Second Language	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Early childhood education (Head Start)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Basic Literacy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) After school tutoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Access and transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. EMPLOYMENT/VOCATIONAL ---				
(1) Pre-vocational training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Transitional employment/paid internship	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Training for specific jobs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Vocational rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Vocational counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Job placement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(7) Sheltered workshop	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. SUBSTANCE ABUSE ---				
(1) Detoxification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Alcoholics or Narcotics Anonymous	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Individual/group substance abuse counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. MENTAL HEALTH ---				
(1) Crisis intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Medication monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Psychosocial rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Individual/group psychological counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Psychiatric treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Peer group/self help	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. PHYSICAL HEALTH ---				
(1) Primary care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Physical rehabilitative care/physical therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Prenatal care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Medical screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. HIV/AIDS SERVICES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. FAMILY AND CHILDREN'S SERVICES ---				
(1) Day/Evening care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Immunization and screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Parenting training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Parents Anonymous	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. OTHER SERVICES				
(1) Housing location assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Housing counseling and short-term rental assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Followup support services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Enrollment in entitlement program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Legal assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Any other - SPECIFY _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
7a. Do you operate another program at this location?	<input type="checkbox"/> Yes - LOOK AT CHART ON PAGE 1 ^B , AND GO TO THE PAGES FOR THE NEXT PROGRAM <input type="checkbox"/> No - SKIP TO QUESTION 20 ON PAGE 34			

PERMANENT HOUSING	
8 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program at this location?	_____ Adults
8 b Of these ADULTS, approximately what percent are regulars or repeaters—using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
8 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
8 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
8 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
8 f Among all persons using the services of this program, please enter the approximate percentage of --- - Unaccompanied adult men 18 years or older - Unaccompanied adult women 18 years or older - People in single-parent families with children - People in two-parent families with children - Adult couples without children - Unaccompanied male youth under 18 years - Unaccompanied female youth under 18 years	The percents below should add up to 100 percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent
8 g Is this program a --- - Private, non-profit, religious affiliated program - Private, non-profit, non-sectarian program - Public agency - Private, for profit	MARK (X) ONLY ONE BOX <input type="checkbox"/> Private, non-profit, religious <input type="checkbox"/> Private, non-profit, non-sectarian <input type="checkbox"/> Public <input type="checkbox"/> Private for profit
8 h Approximately what percent of your funding for this program do you get from --- - Private funding: donations, foundation grants, United Way, individuals contributions - Government funding - federal, state or local - Other - SPECIFY SOURCE _____	_____ Percent _____ Percent _____ Percent
8 i Is this program primarily for --- (1) Victims of domestic violence, battered women? (2) Runaway or homeless youth? (3) People with mental health problems? (4) People with drug or alcohol problems? (5) People with HIV/AIDS? (6) Veterans? (7) Other - SPECIFY _____	j. For each item marked "YES", please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc. <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No

Please answer these questions concerning the services that may be provided under the PERMANENT HOUSING program.

SERVICE	k. Do your clients need the services below, as part of this program? IF YES, ANSWER Items l, m, n and o	l. Is this service provided at this address?	m. Is this service available to your homeless clients at another location? IF YES, ANSWER n	n. Is it available to them when needed, at the other location, AND is it adequate for their needs?
			DK = Don't Know	
a. OUTREACH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. CASE MANAGEMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. LIFE SKILLS ---				
(1) Money management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Transportation usage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Household management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Other life skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. EDUCATION ---				
(1) General Equivalency Diploma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) English as a Second Language	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Early childhood education (Head Start)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Basic Literacy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) After school tutoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Access and transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. EMPLOYMENT/VOCATIONAL ---				
(1) Pre-vocational training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Transitional employment/wage internship	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Training for specific jobs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Vocational rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Vocational counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Job placement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(7) Sheltered workshop	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. SUBSTANCE ABUSE ---				
(1) Detoxification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Alcoholics or Narcotics Anonymous	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Individual/group substance abuse counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. MENTAL HEALTH ---				
(1) Crisis intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Medication monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Psychosocial rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Individual/group psychological counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Psychiatric treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Peer group/self help	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. PHYSICAL HEALTH ---				
(1) Primary care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Physical rehabilitative care/physical therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Prenatal care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Medical screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. HIV/AIDS SERVICES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. FAMILY AND CHILDREN'S SERVICES ---				
(1) Day/Evening care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Immunization and screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Parenting training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Parents Anonymous	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. OTHER SERVICES				
(1) Housing location assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Housing counseling and short-term rental assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Followup support services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Enrollment in entitlement program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Legal assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Any other - SPECIFY _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
80. Do you operate another program at this location?	<input type="checkbox"/> Yes - LOOK AT CHART ON PAGE 1 ^B , AND GO TO THE PAGES FOR THE NEXT PROGRAM <input type="checkbox"/> No - SKIP TO QUESTION 20 ON PAGE 34			

VOUCHER ARRANGEMENT – HOTELS, MOTELS, ETC.	
9 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program at this location?	_____ Adults
9 b Of these ADULTS, approximately what percent are regulars or repeaters—using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
9 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
9 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
9 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
9 f Among all persons using the services of this program, please enter the approximate percentage of --- — Unaccompanied adult men 18 years or older — Unaccompanied adult women 18 years or older — People in single-parent families with children — People in two-parent families with children — Adult couples without children — Unaccompanied male youth under 18 years — Unaccompanied female youth under 18 years	The percents below should add up to 100 percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent
9 g Which one of the following is this program --- — Private, non-profit, religious affiliated program — Private, non-profit, non-sectarian program — Public agency — Private, for profit	MARK (X) ONLY ONE BOX <input type="checkbox"/> Private, non-profit, religious <input type="checkbox"/> Private, non-profit, non-sectarian <input type="checkbox"/> Public <input type="checkbox"/> Private for profit
9 h Approximately what percent of your funding for this program do you get from --- — Private funding: donations, foundation grants, United Way, individuals contributions — Government funding — federal, state or local — Other — SPECIFY SOURCE _____	_____ Percent _____ Percent _____ Percent
9 i Is this program primarily for --- (1) Victims of domestic violence, battered women? (2) Runaway or homeless youth? (3) People with mental health problems? (4) People with drug or alcohol problems? (5) People with HIV/AIDS? (6) Veterans? (7) Other — SPECIFY _____	j. For each item marked "YES", please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc. <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No
9 k Under THIS program, does your facility distribute contracts/vouchers for shelter?	<input type="checkbox"/> Yes — ANSWER <input type="checkbox"/> No — SKIP to m.
9 l How many shelters, hotels/motels, boarding or lodging houses or other facilities accept your vouchers/are under contract to you?	_____ Number of places accepting vouchers _____ Number of places under contract

Please answer these questions concerning the services that may be provided under the VOUCHER ARRANGEMENT program – hotels, motels, or other facilities.

SERVICE	Question 9 -- m. Do your clients need the services below, as part of this program?		n. Is this service provided at this address?		o. Is this service available to your homeless clients at another location?			p. Is it available to them when needed, at the other location AND is it adequate for their needs?	
	IF YES, ANSWER items n, o, p and q				IF YES, ANSWER p				
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. OUTREACH	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. CASE MANAGEMENT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. LIFE SKILLS ---									
(1) Money management	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Transportation usage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Household management	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Other life skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. EDUCATION ---									
(1) General Equivalency Diploma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) English as a Second Language	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Early childhood education (Head Start)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Basic Literacy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(5) After school tutoring	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Access and transportation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. EMPLOYMENT/VOCATIONAL ---									
(1) Pre-vocational training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Transitional employment/paid internship	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Training for specific jobs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Vocational rehabilitation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Vocational counseling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Job placement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Sheltered workshop	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. SUBSTANCE ABUSE ---									
(1) Detoxification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Alcoholics or Narcotics Anonymous	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Individual/group substance abuse counseling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. MENTAL HEALTH ---									
(1) Crisis intervention	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Medication monitoring	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Psychosocial rehabilitation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Individual/group psychological counseling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Psychiatric treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Peer group/self help	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. PHYSICAL HEALTH ---									
(1) Primary care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Physical rehabilitative care/physical therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Prenatal care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Medical screening	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. HIV/AIDS SERVICES	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. FAMILY AND CHILDREN'S SERVICES ---	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
(1) Day/Evening care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Immunization and screening	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Parenting training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Parents Anonymous	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l. OTHER SERVICES									
(1) Housing location assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Housing counseling and short-term rental assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Followup support services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Enrollment in entitlement program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Legal assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Any other – SPECIFY _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9q. Do you operate another program at this location?	<input type="checkbox"/> Yes – LOOK AT CHART ON PAGE 1A, AND GO TO THE PAGES FOR THE NEXT PROGRAM <input type="checkbox"/> No – SKIP TO QUESTION 20 ON PAGE 34								

VOUCHER ARRANGEMENT – DISTRIBUTES VOUCHERS

10 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program at this location?	_____ Adults
10 b Of these ADULTS, approximately what percent are regulars or repeaters—using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
10 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
10 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
10 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
10 f Among all persons using the services of this program, please enter the approximate percentage of --- - Unaccompanied adult men 18 years or older - Unaccompanied adult women 18 years or older - People in single-parent families with children - People in two-parent families with children - Adult couples without children - Unaccompanied male youth under 18 years - Unaccompanied female youth under 18 years	The percents below should add up to 100 percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent
10 g Which one of the following is this program --- - Private, non-profit, religious affiliated program - Private, non-profit, non-sectarian program - Public agency - Private, for profit	MARK (X) ONLY ONE BOX <input type="checkbox"/> Private, non-profit, religious <input type="checkbox"/> Private, non-profit, non-sectarian <input type="checkbox"/> Public <input type="checkbox"/> Private for profit
10 h Approximately what percent of your funding for this program do you get from --- - Private funding: donations, foundation grants, United Way, individuals contributions - Government funding – federal, state or local - Other – SPECIFY SOURCE _____ ..	_____ Percent _____ Percent _____ Percent
10 i Is this program primarily for --- (1) Victims of domestic violence, battered women? (2) Runaway or homeless youth? (3) People with mental health problems? (4) People with drug or alcohol problems? (5) People with HIV/AIDS? (6) Veterans? (7) Other – SPECIFY _____	J. For each item marked 'YES', please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc. <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No
10 k Under THIS program, does your facility distribute contracts/vouchers for shelter?	<input type="checkbox"/> Yes – ANSWER! <input type="checkbox"/> No – SKIP to m
10 l How many shelters, hotels/motels, boarding or lodging houses or other facilities accept your vouchers/are under contract to you?	_____ Number of places accepting vouchers _____ Number of places under contract

Please answer these questions concerning the services that may be provided under the VOUCHER ARRANGEMENT program - office which distributes vouchers

Question 10 --

SERVICE	m. Do your clients need the services below, as part of this program? IF YES, ANSWER Items n, o, p and q	n. Is this service provided at this address?	o. Is this service available to your homeless clients at another location? IF YES, ANSWER p	p. Is it available to them when needed, at the other location, AND is it adequate for their needs?
			DK = Don't Know	
a. OUTREACH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. CASE MANAGEMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. LIFE SKILLS ---				
(1) Money management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Transportation usage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Household management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Other life skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. EDUCATION ---				
(1) General Equivalency Diploma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) English as a Second Language	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Early childhood education (Head Start)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Basic Literacy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) After school tutoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Access and transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. EMPLOYMENT/VOCATIONAL ---				
(1) Pre-vocational training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Transitional employment/paid internship	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Training for specific jobs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Vocational rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Vocational counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Job placement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(7) Sheltered workshop	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. SUBSTANCE ABUSE ---				
(1) Detoxification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Alcoholics or Narcotics Anonymous	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Individual/group substance abuse counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. MENTAL HEALTH ---				
(1) Crisis intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Medication monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Psychosocial rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Individual/group psychological counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Psychiatric treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Peer group/self help	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. PHYSICAL HEALTH ---				
(1) Primary care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Physical rehabilitative care/physical therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Prenatal care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Medical screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. HIV/AIDS SERVICES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. FAMILY AND CHILDREN'S SERVICES ---				
(1) Day/Evening care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Immunization and screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Parenting training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Parents Anonymous	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. OTHER SERVICES				
(1) Housing location assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Housing counseling and short-term rental assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Followup support services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Enrollment in entitlement program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Legal assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Any other - SPECIFY _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
10q. Do you operate another program at this location?	<input type="checkbox"/> Yes - LOOK AT CHART ON PAGE 1 ^B AND GO TO THE PAGES FOR THE NEXT PROGRAM <input type="checkbox"/> No - SKIP TO QUESTION 20 ON PAGE 34			

SOUP KITCHEN or MEAL DISTRIBUTION	
11 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program from location?	_____ Adults
11 b Of these ADULTS, approximately what percent are regulars or repeaters—using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
11 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
11 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
11 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
11 f Among all persons using the services of this program, please enter the approximate percentage of --- - Unaccompanied adult men 18 years or older - Unaccompanied adult women 18 years or older - People in single-parent families with children - People in two-parent families with children - Adult couples without children - Unaccompanied male youth under 18 years - Unaccompanied female youth under 18 years	The percents below should add up to 100 percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent
11 g Is this program a --- - Private, non-profit, religious affiliated program - Private, non-profit, non-sectarian program - Public agency - Private, for profit	MARK (X) ONLY ONE BOX <input type="checkbox"/> Private, non-profit, religious <input type="checkbox"/> Private, non-profit, non-sectarian <input type="checkbox"/> Public <input type="checkbox"/> Private for profit
11 h Approximately what percent of your funding for this program do you get from --- - Private funding: donations, foundation grants, United Way, Individuals contributions - Government funding - federal, state or local - Other - SPECIFY SOURCE _____	_____ Percent _____ Percent _____ Percent
11 i Is this program primarily for --- (1) Victims of domestic violence, battered women? (2) Runaway or homeless youth? (3) People with mental health problems? (4) People with drug or alcohol problems? (5) People with HIV/AIDS? (6) Veterans? (7) Other - SPECIFY _____	j. For each item marked "YES", please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc. <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No

Please answer these questions concerning the services that may be provided under the SOUP KITCHEN or MEAL DISTRIBUTION program.

SERVICE	Question 11 --	k. Do your clients need the services below, as part of this program? IF YES, ANSWER Items l, m, n and o	l. Is this service provided at this address?	m. Is this service available to your homeless clients at another location? IF YES, ANSWER n	n. Is it available to them when needed, at the other location, AND is it adequate for their needs?
a. OUTREACH		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. CASE MANAGEMENT		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. LIFE SKILLS ---					
(1) Money management		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Transportation usage		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Household management		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Other life skills		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. EDUCATION ---					
(1) General Equivalency Diploma		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) English as a Second Language		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Early childhood education (Head Start)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Basic Literacy		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) After school tutoring		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Access and transportation		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. EMPLOYMENT/VOCATIONAL ---					
(1) Pre-vocational training		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Transitional employment/paid Internship		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Training for specific jobs		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Vocational rehabilitation		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Vocational counseling		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Job placement		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(7) Sheltered workshop		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. SUBSTANCE ABUSE ---					
(1) Detoxification		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Alcoholics or Narcotics Anonymous		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Individual/group substance abuse counseling		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. MENTAL HEALTH ---					
(1) Crisis intervention		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Medication monitoring		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Psychosocial rehabilitation		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Individual/group psychological counseling		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Psychiatric treatment		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Peer group/self help		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. PHYSICAL HEALTH ---					
(1) Primary care		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Physical rehabilitative care/physical therapy		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Prenatal care		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Medical screening		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. HIV/AIDS SERVICES		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. FAMILY AND CHILDREN'S SERVICES ---					
(1) Day/Evening care		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Immunization and screening		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Parenting training		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Parents Anonymous		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. OTHER SERVICES					
(1) Housing location assistance		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Housing counseling and short-term rental assistance		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Followup support services		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Enrollment in entitlement program		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Legal assistance		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Any other - SPECIFY		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
11o. Do you operate another program at this location?		<input type="checkbox"/> Yes - LOOK AT CHART ON PAGE 1A, AND GO TO THE PAGES FOR THE NEXT PROGRAM <input type="checkbox"/> No - SKIP TO QUESTION 20 ON PAGE 34			

MOBILE FOOD PROGRAM	
12 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program from location?	_____ Adults
12 b Of these ADULTS, approximately what percent are regulars or repeaters—using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
12 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
12 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
12 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
12 f Among all persons using the services of this program, please enter the approximate percentage of --- - Unaccompanied adult men 18 years or older - Unaccompanied adult women 18 years or older - People in single-parent families with children - People in two-parent families with children - Adult couples without children - Unaccompanied male youth under 18 years - Unaccompanied female youth under 18 years	The percents below should add up to 100 percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent
12 g Is this program a --- - Private, non-profit, religious affiliated program - Private, non-profit, non-sectarian program - Public agency - Private, for profit	MARK (X) ONLY ONE BOX <input type="checkbox"/> Private, non-profit, religious <input type="checkbox"/> Private, non-profit, non-sectarian <input type="checkbox"/> Public <input type="checkbox"/> Private for profit
12 h Approximately what percent of your funding for this program do you get from --- - Private funding: donations, foundation grants, United Way, individuals contributions - Government funding - federal, state or local - Other - SPECIFY SOURCE	_____ Percent _____ Percent _____ Percent
12 i Is this program primarily for --- (1) Victims of domestic violence, battered women? (2) Runaway or homeless youth? (3) People with mental health problems? (4) People with drug or alcohol problems? (5) People with HIV/AIDS? (6) Veterans? (7) Other - SPECIFY _____	j. For each item marked 'YES', please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc. <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No

Please answer these questions concerning the services that may be provided under the MOBILE FOOD program.

SERVICE	k. Do your clients need the services below, as part of this program? IF YES, ANSWER Items l, m, n and o	l. Is this service provided at this address?	m. Is this service available to your homeless clients at another location? IF YES, ANSWER n	n. Is it available to them when needed, at the other location AND is it adequate for their needs?
a. OUTREACH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. CASE MANAGEMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. LIFE SKILLS ---				
(1) Money management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Transportation usage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Household management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Other life skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. EDUCATION ---				
(1) General Equivalency Diploma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) English as a Second Language	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Early childhood education (Head Start)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Basic Literacy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) After school tutoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Access and transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. EMPLOYMENT/VOCATIONAL ---				
(1) Pre-vocational training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Transitional employment/paid internship	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Training for specific jobs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Vocational rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Vocational counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Job placement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(7) Sheltered workshop	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. SUBSTANCE ABUSE ---				
(1) Detoxification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Alcoholics or Narcotics Anonymous	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Individual/group substance abuse counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. MENTAL HEALTH ---				
(1) Crisis intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Medication monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Psycho-social rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Individual/group psychological counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Psychiatric treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Peer group/self help	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. PHYSICAL HEALTH ---				
(1) Primary care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Physical rehabilitative care/physical therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Prenatal care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Medical screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. HIV/AIDS SERVICES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. FAMILY AND CHILDREN'S SERVICES ---				
(1) Day/Evening care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Immunization and screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Parenting training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Parents Anonymous	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. OTHER SERVICES				
(1) Housing location assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Housing counseling and short-term rental assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Followup support services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Enrollment in entitlement program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Legal assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Any other - SPECIFY _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
12o. Do you operate another program at this location?	<input type="checkbox"/> Yes - LOOK AT CHART ON PAGE 18 AND GO TO THE PAGES FOR THE NEXT PROGRAM <input type="checkbox"/> No - SKIP TO QUESTION 20 ON PAGE 34			

FOOD PANTRY PROGRAM	
13 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program from location?	_____ Adults
13 b Of these ADULTS, approximately what percent are regulars or repeaters—using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
13 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
13 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
13 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
13 f Among all persons using the services of this program, please enter the approximate percentage of --- - Unaccompanied adult men 18 years or older - Unaccompanied adult women 18 years or older - People in single-parent families with children - People in two-parent families with children - Adult couples without children - Unaccompanied male youth under 18 years - Unaccompanied female youth under 18 years	The percents below should add up to 100 percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent
13 g Is this program a --- - Private, non-profit, religious affiliated program - Private, non-profit, non-sectarian program - Public agency - Private, for profit	MARK (X) ONLY ONE BOX <input type="checkbox"/> Private, non-profit, religious <input type="checkbox"/> Private, non-profit, non-sectarian <input type="checkbox"/> Public <input type="checkbox"/> Private for profit
13 h Approximately what percent of your funding for this program do you get from --- - Private funding: donations, foundation grants, United Way, individuals contributions - Government funding - federal, state or local - Other - SPECIFY SOURCE	_____ Percent _____ Percent _____ Percent
13 i Is this program primarily for --- (1) Victims of domestic violence, battered women? (2) Runaway or homeless youth? (3) People with mental health problems? (4) People with drug or alcohol problems? (5) People with HIV/AIDS? (6) Veterans? (7) Other - SPECIFY _____	J. For each item marked "YES", please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc. <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No

Please answer these questions concerning the services that may be provided under the FOOD PANTRY program.

Question 13 --- SERVICE	k. Do your clients need the services below, as part of this program? IF YES, ANSWER items l, m, n and o	l. Is this service provided at this address?	m. Is this service available to your homeless clients at another location? IF YES, ANSWER n	n. Is it available to them when needed, at the other location, AND is it adequate for their needs?
DK = Don't Know				
a. OUTREACH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. CASE MANAGEMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. LIFE SKILLS ---				
(1) Money management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Transportation usage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Household management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Other life skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. EDUCATION ---				
(1) General Equivalency Diploma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) English as a Second Language	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Early childhood education (Head Start)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Basic Literacy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) After school tutoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Access and transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. EMPLOYMENT/VOCATIONAL ---				
(1) Pre-vocational training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Transitional employment/paid internship	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Training for specific jobs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Vocational rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Vocational counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Job placement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(7) Sheltered workshop	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. SUBSTANCE ABUSE ---				
(1) Detoxification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Alcoholics or Narcotics Anonymous	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Individual/group substance abuse counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. MENTAL HEALTH ---				
(1) Crisis intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Medication monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Psychosocial rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Individual/group psychological counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Psychiatric treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Peer group/self help	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. PHYSICAL HEALTH ---				
(1) Primary care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Physical rehabilitative care/physical therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Prenatal care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Medical screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. HIV/AIDS SERVICES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. FAMILY AND CHILDREN'S SERVICES ---				
(1) Day/Evening care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Immunization and screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Parenting training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Parents Anonymous	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. OTHER SERVICES				
(1) Housing location assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Housing counseling and short-term rental assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Followup support services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Enrollment in entitlement program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Legal assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Any other - SPECIFY _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
13o. Do you operate another program at this location?	<input type="checkbox"/> Yes - LOOK AT CHART ON PAGE 1 ^B , AND GO TO THE PAGES FOR THE NEXT PROGRAM <input type="checkbox"/> No - SKIP TO QUESTION 20 ON PAGE 34			

HEALTH CARE	
14 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program from location?	_____ Adults
14 b Of these ADULTS, approximately what percent are regulars or repeaters—using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
14 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
14 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
14 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
14 f Among all persons using the services of this program, please enter the approximate percentage of --- — Unaccompanied adult men 18 years or older — Unaccompanied adult women 18 years or older — People in single-parent families with children — People in two-parent families with children — Adult couples without children — Unaccompanied male youth under 18 years — Unaccompanied female youth under 18 years	The percents below should add up to 100 percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent
14 g Is this program a --- — Private, non-profit, religious affiliated program — Private, non-profit, non-sectarian program — Public agency — Private, for profit	MARK (X) ONLY ONE BOX <input type="checkbox"/> Private, non-profit, religious <input type="checkbox"/> Private, non-profit, non-sectarian <input type="checkbox"/> Public <input type="checkbox"/> Private for profit
14 h Approximately what percent of your funding for this program do you get from --- — Private funding: donations, foundation grants, United Way, individuals contributions — Government funding — federal, state or local — Other — SPECIFY SOURCE _____	_____ Percent _____ Percent _____ Percent
14 i Is this program primarily for --- (1) Victims of domestic violence, battered women? (2) Runaway or homeless youth? (3) People with mental health problems? (4) People with drug or alcohol problems? (5) People with HIV/AIDS? (6) Veterans? (7) Other — SPECIFY _____	J. For each item marked 'YES', please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc. <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No

Please answer these questions concerning the services that may be provided under the HEALTH CARE programs.

SERVICE	k. Do your clients need the services below, as part of this program? IF YES, ANSWER Items l, m, n and o	l. Is this service provided at this address?	m. Is this service available to your homeless clients at another location? IF YES, ANSWER n	n. Is it available to them when needed, at the other location, AND is it adequate for their needs?
			DK = Don't Know	
a. OUTREACH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. CASE MANAGEMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. LIFE SKILLS ---				
(1) Money management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Transportation usage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Household management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Other life skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. EDUCATION ---				
(1) General Equivalency Diploma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) English as a Second Language	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Early childhood education (Head Start)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Basic Literacy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) After school tutoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Access and transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. EMPLOYMENT/VOCATIONAL ---				
(1) Pre-vocational training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Transitional employment/paid internship	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Training for specific jobs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Vocational rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Vocational counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Job placement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(7) Sheltered workshop	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. SUBSTANCE ABUSE ---				
(1) Detoxification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Alcoholics or Narcotics Anonymous	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Individual/group substance abuse counselling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. MENTAL HEALTH ---				
(1) Crisis intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Medication monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Psychosocial rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Individual/group psychological counselling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Psychiatric treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Peer group/self help	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. PHYSICAL HEALTH ---				
(1) Primary care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Physical rehabilitative care/physical therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Prenatal care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Medical screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. HIV/AIDS SERVICES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. FAMILY AND CHILDREN'S SERVICES ---				
(1) Day/Evening care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Immunization and screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Parenting training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Parents Anonymous	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. OTHER SERVICES				
(1) Housing location assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Housing counseling and short-term rental assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Followup support services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Enrollment in entitlement program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Legal assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Any other - SPECIFY _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
14o. Do you operate another program at this location?	<input type="checkbox"/> Yes - LOOK AT CHART ON PAGE 1 <u>18</u> AND GO TO THE PAGES FOR THE NEXT PROGRAM <input type="checkbox"/> No - SKIP TO QUESTION 20 ON PAGE 34			

MENTAL HEALTH PROGRAM	
15 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program from location?	_____ Adults
15 b Of these ADULTS, approximately what percent are regulars or repeaters—using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
15 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
15 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
15 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
15 f Among all persons using the services of this program, please enter the approximate percentage of --- - Unaccompanied adult men 18 years or older - Unaccompanied adult women 18 years or older - People in single-parent families with children - People in two-parent families with children - Adult couples without children - Unaccompanied male youth under 18 years - Unaccompanied female youth under 18 years	The percents below should add up to 100 percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent
15 g Is this program a --- - Private, non-profit, religious affiliated program - Private, non-profit, non-sectarian program - Public agency - Private, for profit	MARK (X) ONLY ONE BOX <input type="checkbox"/> Private, non-profit, religious <input type="checkbox"/> Private, non-profit, non-sectarian <input type="checkbox"/> Public <input type="checkbox"/> Private for profit
15 h Approximately what percent of your funding for this program do you get from --- - Private funding: donations, foundation grants, United Way, individuals contributions - Government funding - federal, state or local - Other - SPECIFY SOURCE	_____ Percent _____ Percent _____ Percent
15 i Is this program primarily for --- (1) Victims of domestic violence, battered women? (2) Runaway or homeless youth? (3) People with mental health problems? (4) People with drug or alcohol problems? (5) People with HIV/AIDS? (6) Veterans? (7) Other - SPECIFY _____	j. For each item marked 'YES', please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc. <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No

Please answer these questions concerning the services that may be provided under the MENTAL HEALTH programs.

Question 15 -- SERVICE	k. Do your clients need the services below, as part of this program? IF YES, ANSWER Items l, m, n and o	l. Is this service provided at this address?	m. Is this service available to your homeless clients at another location? IF YES, ANSWER n	n. Is it available to them when needed, at the other location, AND is it adequate for their needs?
a. OUTREACH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	DK = Don't Know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. CASE MANAGEMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. LIFE SKILLS ---				
(1) Money management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Transportation usage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Household management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Other life skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. EDUCATION ---				
(1) General Equivalency Diploma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) English as a Second Language	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Early childhood education (Head Start)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Basic Literacy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) After school tutoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Access and transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. EMPLOYMENT/VOCATIONAL ---				
(1) Pre-vocational training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Transitional employment/paid internship	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Training for specific jobs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Vocational rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Vocational counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Job placement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(7) Sheltered workshop	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. SUBSTANCE ABUSE ---				
(1) Detoxification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Alcoholics or Narcotics Anonymous	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Individual/group substance abuse counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. MENTAL HEALTH ---				
(1) Crisis intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Medication monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Psychosocial rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Individual/group psychological counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Psychiatric treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Peer group/self help	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. PHYSICAL HEALTH ---				
(1) Primary care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Physical rehabilitative care/physical therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Prenatal care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Medical screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. HIV/AIDS SERVICES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. FAMILY AND CHILDREN'S SERVICES ---				
(1) Day/Evening care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Immunization and screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Parenting training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Parents Anonymous	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. OTHER SERVICES				
(1) Housing location assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Housing counseling and short-term rental assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Followup support services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Enrollment in entitlement program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Legal assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Any other - SPECIFY _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
15o. Do you operate another program at this location?	<input type="checkbox"/> Yes - LOOK AT CHART ON PAGE 18 AND GO TO THE PAGES FOR THE NEXT PROGRAM <input type="checkbox"/> No - SKIP TO QUESTION 20 ON PAGE 34			

ALCOHOL or OTHER DRUG PROGRAM	
16 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program from location?	_____ Adults
16 b Of these ADULTS, approximately what percent are regulars or repeaters—using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
16 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
16 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
16 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
16 f Among all persons using the services of this program, please enter the approximate percentage of --- - Unaccompanied adult men 18 years or older - Unaccompanied adult women 18 years or older - People in single-parent families with children - People in two-parent families with children - Adult couples without children - Unaccompanied male youth under 18 years - Unaccompanied female youth under 18 years	The percents below should add up to 100 percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent
16 g Is this program a --- - Private, non-profit, religious affiliated program - Private, non-profit, non-sectarian program - Public agency - Private, for profit	MARK (X) ONLY ONE BOX <input type="checkbox"/> Private, non-profit, religious <input type="checkbox"/> Private, non-profit, non-sectarian <input type="checkbox"/> Public <input type="checkbox"/> Private for profit
16 h Approximately what percent of your funding for this program do you get from --- - Private funding: donations, foundation grants, United Way, Individuals contributions - Government funding - federal, state or local - Other - SPECIFY SOURCE	_____ Percent _____ Percent _____ Percent
16 i Is this program primarily for --- (1) Victims of domestic violence, battered women? (2) Runaway or homeless youth? (3) People with mental health problems? (4) People with drug or alcohol problems? (5) People with HIV/AIDS? (6) Veterans? (7) Other - SPECIFY _____	For each item marked "YES", please rank below (1,2,3 etc) where "1" is the primary description of your program, "2" is the second most descriptive, etc. <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No

Please answer these questions concerning the services that may be provided under the ALCOHOL OR OTHER DRUG programs

Question 16 --

SERVICE	k. Do your clients need the services below, as part of this program? IF YES, ANSWER Items l, m, n and o	l. Is this service provided at this address?	m. Is this service available to your homeless clients at another location? IF YES, ANSWER n	n. Is it available to them when needed, at the other location, AND is it adequate for their needs?
a. OUTREACH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	DK = Don't Know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. CASE MANAGEMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. LIFE SKILLS ----				
(1) Money management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Transportation usage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Household management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Other life skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. EDUCATION ----				
(1) General Equivalency Diploma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) English as a Second Language	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Early childhood education (Head Start)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Basic Literacy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) After school tutoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Access and transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. EMPLOYMENT/VOCATIONAL ----				
(1) Pre-vocational training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Transitional employment/paid internship	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Training for specific jobs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Vocational rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Vocational counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Job placement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(7) Sheltered workshop	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. SUBSTANCE ABUSE ----				
(1) Detoxification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Alcoholics or Narcotics Anonymous	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Individual/group substance abuse counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. MENTAL HEALTH ----				
(1) Crisis intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Medication monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Psychosocial rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Individual/group psychological counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Psychiatric treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Peer group/self help	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. PHYSICAL HEALTH ----				
(1) Primary care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Physical rehabilitative care/physical therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Prenatal care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Medical screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. HIV/AIDS SERVICES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. FAMILY AND CHILDREN'S SERVICES ----				
(1) Day/Evening care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Immunization and screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Parenting training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Parents Anonymous	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. OTHER SERVICES				
(1) Housing location assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Housing counseling and short-term rental assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Followup support services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Enrollment in entitlement program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Legal assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Any other - SPECIFY	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
16o. Do you operate another program at this location?	<input type="checkbox"/> Yes - LOOK AT CHART ON PAGE 1 ^B AND GO TO THE PAGES FOR THE NEXT PROGRAM <input type="checkbox"/> No - SKIP TO QUESTION 20 ON PAGE 34			

HIV/AIDS PROGRAM	
17 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program from location?	_____ Adults
17 b Of these ADULTS, approximately what percent are regulars or repeaters—using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
17 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
17 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
17 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
17 f Among all persons using the services of this program, please enter the approximate percentage of --- - Unaccompanied adult men 18 years or older - Unaccompanied adult women 18 years or older - People in single-parent families with children - People in two-parent families with children - Adult couples without children - Unaccompanied male youth under 18 years - Unaccompanied female youth under 18 years	The percents below should add up to 100 percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent
17 g Is this program a --- - Private, non-profit, religious affiliated program - Private, non-profit, non-sectarian program - Public agency - Private, for profit	MARK (X) ONLY ONE BOX <input type="checkbox"/> Private, non-profit, religious <input type="checkbox"/> Private, non-profit, non-sectarian <input type="checkbox"/> Public <input type="checkbox"/> Private for profit
17 h Approximately what percent of your funding for this program do you get from --- - Private funding: donations, foundation grants, United Way, individuals contributions - Government funding - federal, state or local - Other - SPECIFY SOURCE _____	_____ Percent _____ Percent _____ Percent
17 i Is this program primarily for --- (1) Victims of domestic violence, battered women? (2) Runaway or homeless youth? (3) People with mental health problems? (4) People with drug or alcohol problems? (5) People with HIV/AIDS? (6) Veterans? (7) Other - SPECIFY _____	1. For each item marked "YES", please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc. <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No

Please answer these questions concerning the services that may be provided under the HIV/AIDS programs.

SERVICE	k. Do your clients need the services below, as part of this program? IF YES, ANSWER Items l, m, n and o	l. Is this service provided at this address?	m. Is this service available to your homeless clients at another location? IF YES, ANSWER n	n. Is it available to them when needed, at the other location, AND is it adequate for their needs?
			DK = Don't Know	
a. OUTREACH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. CASE MANAGEMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. LIFE SKILLS ---				
(1) Money management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Transportation usage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Household management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Other life skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. EDUCATION ---				
(1) General Equivalency Diploma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) English as a Second Language	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Early childhood education (Head Start)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Basic Literacy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) After school tutoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Access and transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. EMPLOYMENT/OCATIONAL ---				
(1) Pre-vocational training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Transitional employment/paid Internship	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Training for specific jobs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Vocational rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Vocational counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Job placement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(7) Sheltered workshop	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. SUBSTANCE ABUSE ---				
(1) Detoxification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Alcoholics or Narcotics Anonymous	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Individual/group substance abuse counselling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. MENTAL HEALTH ---				
(1) Crisis intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Medication monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Psychosocial rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Individual/group psychological counselling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Psychiatric treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Peer group/self help	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. PHYSICAL HEALTH ---				
(1) Primary care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Physical rehabilitative care/physical therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Prenatal care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Medical screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. HIV/AIDS SERVICES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. FAMILY AND CHILDREN'S SERVICES ---				
(1) Day/Evening care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Immunization and screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Parenting training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Parents Anonymous	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. OTHER SERVICES				
(1) Housing location assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Housing counseling and short-term rental assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Followup support services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Enrollment in entitlement program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Legal assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Any other - SPECIFY _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
17o. Do you operate another program at this location?	<input type="checkbox"/> Yes - LOOK AT CHART ON PAGE 18 AND GO TO THE PAGES FOR THE NEXT PROGRAM <input type="checkbox"/> No - SKIP TO QUESTION 20 ON PAGE 34			

MIGRANT HOUSING	
18 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program from location?	_____ Adults
18 b Of these ADULTS, approximately what percent are regulars or repeaters—using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
18 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
18 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
18 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
18 f Among all persons using the services of this program, please enter the approximate percentage of --- - Unaccompanied adult men 18 years or older - Unaccompanied adult women 18 years or older - People in single-parent families with children - People in two-parent families with children - Adult couples without children - Unaccompanied male youth under 18 years - Unaccompanied female youth under 18 years	The percents below should add up to 100 percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent
18 g Is this program a --- - Private, non-profit, religious affiliated program - Private, non-profit, non-sectarian program - Public agency - Private, for profit	MARK (X) ONLY ONE BOX <input type="checkbox"/> Private, non-profit, religious <input type="checkbox"/> Private, non-profit, non-sectarian <input type="checkbox"/> Public <input type="checkbox"/> Private for profit
18 h Approximately what percent of your funding for this program do you get from --- - Private funding: donations, foundation grants, United Way, individuals contributions - Government funding - federal, state or local - Other - SPECIFY SOURCE	_____ Percent _____ Percent _____ Percent
18 i Is this program primarily for --- (1) Victims of domestic violence, battered women? (2) Runaway or homeless youth? (3) People with mental health problems? (4) People with drug or alcohol problems? (5) People with HIV/AIDS? (6) Veterans? (7) Other - SPECIFY _____	j. For each item marked "YES", please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc. <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes ----- RANK: _____ <input type="checkbox"/> No

Please answer these questions concerning the services that may be provided under the MIGRANT HOUSING.

Question 18 -- SERVICE	k. Do your clients need the services below, as part of this program? IF YES, ANSWER Items l, m, n and o	l. Is this service provided at this address?	m. Is this service available to your homeless clients at another location? IF YES, ANSWER n	n. Is it available to them when needed, at the other location, AND is it adequate for their needs?
			DK = Don't Know	
a. OUTREACH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. CASE MANAGEMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. LIFE SKILLS ---				
(1) Money management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Transportation usage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Household management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Other life skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. EDUCATION ---				
(1) General Equivalency Diploma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) English as a Second Language	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Early childhood education (Head Start)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Basic Literacy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) After school tutoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Access and transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. EMPLOYMENT/VOCATIONAL ---				
(1) Pre-vocational training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Transitional employment/paid internship	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Training for specific jobs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Vocational rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Vocational counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Job placement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(7) Sheltered workshop	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. SUBSTANCE ABUSE ---				
(1) Detoxification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Alcoholics or Narcotics Anonymous	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Individual/group substance abuse counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. MENTAL HEALTH ---				
(1) Crisis intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Medication monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Psychosocial rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Individual/group psychological counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Psychiatric treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Peer group/self help	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. PHYSICAL HEALTH ---				
(1) Primary care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Physical rehabilitative care/physical therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Prenatal care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Medical screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. HIV/AIDS SERVICES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. FAMILY AND CHILDREN'S SERVICES ---				
(1) Day/Evening care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Immunization and screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Parenting training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Parents Anonymous	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. OTHER SERVICES				
(1) Housing location assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Housing counseling and short-term rental assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Followup support services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Enrollment in entitlement program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Legal assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Any other -- SPECIFY _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
18o. Do you operate another program at this location?	<input type="checkbox"/> Yes -- LOOK AT CHART ON PAGE 18, AND GO TO THE PAGES FOR THE NEXT PROGRAM <input type="checkbox"/> No -- SKIP TO QUESTION 20 ON PAGE 34			

OTHER FACILITIES	
19 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program from location?	_____ Adults
19 b Of these ADULTS, approximately what percent are regulars or repeaters—using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
19 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
19 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
19 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
19 f Among all persons using the services of this program, please enter the approximate percentage of --- - Unaccompanied adult men 18 years or older - Unaccompanied adult women 18 years or older - People in single-parent families with children - People in two-parent families with children - Adult couples without children - Unaccompanied male youth under 18 years - Unaccompanied female youth under 18 years	The percents below should add up to 100 percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent _____ Percent
19 g Is this program a --- - Private, non-profit, religious affiliated program - Private, non-profit, non-sectarian program - Public agency - Private, for profit	MARK (X) ONLY ONE BOX <input type="checkbox"/> Private, non-profit, religious <input type="checkbox"/> Private, non-profit, non-sectarian <input type="checkbox"/> Public <input type="checkbox"/> Private for profit
19 h Approximately what percent of your funding for this program do you get from --- - Private funding: donations, foundation grants, United Way, individuals contributions - Government funding - federal, state or local - Other - SPECIFY SOURCE	_____ Percent _____ Percent _____ Percent
19 i Is this program primarily for --- (1) Victims of domestic violence, battered women? (2) Runaway or homeless youth? (3) People with mental health problems? (4) People with drug or alcohol problems? (5) People with HIV/AIDS? (6) Veterans? (7) Other - SPECIFY _____	j. For each item marked "YES", please rank below (1,2,3 etc) where "1" is the primary description of your program, "2" is the second most descriptive, etc. <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes -----RANK: _____ <input type="checkbox"/> No

Please answer these questions concerning the services that may be provided under the OTHER PROGRAMS.

SERVICE	k. Do your clients need the services below, as part of this program? IF YES, ANSWER Items l, m, n and o	l. Is this service provided at this address?	m. Is this service available to your homeless clients at another location? IF YES, ANSWER n	n. Is it available to them when needed, at the other location AND is it adequate for their needs?
			DK = Don't Know	
a. OUTREACH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. CASE MANAGEMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. LIFE SKILLS ---				
(1) Money management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Transportation usage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Household management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Other life skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. EDUCATION ---				
(1) General Equivalency Diploma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) English as a Second Language	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Early childhood education (Head Start)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Basic Literacy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) After school tutoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Access and transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. EMPLOYMENT/VOCATIONAL ---				
(1) Pre-vocational training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Transitional employment/paid internship	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Training for specific jobs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Vocational rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Vocational counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Job placement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(7) Sheltered workshop	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. SUBSTANCE ABUSE ---				
(1) Detoxification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Alcoholics or Narcotics Anonymous	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Individual/group substance abuse counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. MENTAL HEALTH ---				
(1) Crisis intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Medication monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Psychosocial rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Individual/group psychological counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Psychiatric treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Peer group/self help	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. PHYSICAL HEALTH ---				
(1) Primary care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Physical rehabilitative care/physical therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Prenatal care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Medical screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. HIV/AIDS SERVICES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. FAMILY AND CHILDREN'S SERVICES ---				
(1) Day/Evening care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Immunization and screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Parenting training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Parents Anonymous	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. OTHER SERVICES				
(1) Housing location assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Housing counseling and short-term rental assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Followup support services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Enrollment in entitlement program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Legal assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Any other - SPECIFY _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No
19c. Do you operate another program at this location?	<input type="checkbox"/> Yes - LOOK AT CHART ON PAGE 17 AND GO TO THE PAGES FOR THE NEXT PROGRAM <input type="checkbox"/> No - SKIP TO QUESTION 20 ON PAGE 34			

20. Will this facility (these facilities) be open in April?	<input type="checkbox"/> Yes – ANSWER 21 <input type="checkbox"/> No – Skip to 24																																																								
21. Will (this facility/these facilities) be open on a DAILY basis (every day) to provide services in April 1995?	<input type="checkbox"/> Yes – SKIP to 23 <input type="checkbox"/> No – ANSWER 22 <input type="checkbox"/> Uncertain																																																								
22. What days of the week will your (facility/facilities) provide services in April? <i>Mark (X) on the calendar at right all the days that service will be provided.</i>	<table border="1" data-bbox="771 520 1409 869"> <thead> <tr> <th colspan="7">APRIL</th> </tr> <tr> <th>Sun</th> <th>Mon</th> <th>Tue</th> <th>Wed</th> <th>Thu</th> <th>Fri</th> <th>Sat</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td> </tr> <tr> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> </tr> <tr> <td>9</td> <td>10</td> <td>11</td> <td>12</td> <td>13</td> <td>14</td> <td>15</td> </tr> <tr> <td>16</td> <td>17</td> <td>18</td> <td>19</td> <td>20</td> <td>21</td> <td>22</td> </tr> <tr> <td>23</td> <td>24</td> <td>25</td> <td>26</td> <td>27</td> <td>28</td> <td>29</td> </tr> <tr> <td>30</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <input type="checkbox"/> Uncertain	APRIL							Sun	Mon	Tue	Wed	Thu	Fri	Sat							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30						
APRIL																																																									
Sun	Mon	Tue	Wed	Thu	Fri	Sat																																																			
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2	3	4	5	6	7	8																																																			
9	10	11	12	13	14	15																																																			
16	17	18	19	20	21	22																																																			
23	24	25	26	27	28	29																																																			
30																																																									

23. Now we want to determine when each PROGRAM is offered. On the chart at right, mark (X) when each program is provided for your clients. We need to know the day and time when each program is offered. Census workers will visit selected sites in April to interview a sample of your clients. We need this information to plan those visits.

Mark (X) all that apply

	Mon (1)	Tue (2)	Wed (3)	Thu (4)	Fri (5)	Sat (6)	Sun (7)	Open daily in April (8)	Time (9)
a. Outreach programs									a.m. _____ a.m. p.m. to _____ p.m.
b. Drop-in centers									a.m. _____ a.m. p.m. to _____ p.m.
c. Emergency shelters									a.m. _____ a.m. p.m. to _____ p.m.
d. Transitional housing									a.m. _____ a.m. p.m. to _____ p.m.
e. Permanent housing for the homeless									a.m. _____ a.m. p.m. to _____ p.m.
f. Voucher contract arrangement – times the office is open									a.m. _____ a.m. p.m. to _____ p.m.
g. Soup kitchen – breakfast									a.m. _____ a.m. p.m. to _____ p.m.
h. Soup kitchen – lunch									a.m. _____ a.m. p.m. to _____ p.m.
i. Soup kitchen – dinner									a.m. _____ a.m. p.m. to _____ p.m.
j. Mobile food programs									a.m. _____ a.m. p.m. to _____ p.m.
k. Food pantry									a.m. _____ a.m. p.m. to _____ p.m.
l. Health care providers									a.m. _____ a.m. p.m. to _____ p.m.
m. Mental health agencies									a.m. _____ a.m. p.m. to _____ p.m.
n. Alcohol/drug programs									a.m. _____ a.m. p.m. to _____ p.m.
o. HIV/AIDS programs									a.m. _____ a.m. p.m. to _____ p.m.
p. Migrant housing									a.m. _____ a.m. p.m. to _____ p.m.
q. Other programs – Specify _____									a.m. _____ a.m. p.m. to _____ p.m.

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Please enter all information below for PARENT ORGANIZATION and any other locations that you are affiliated with that provide programs for the homeless.	
A. PARENT ORGANIZATION information	
Name	Address
Contact Person	Telephone Number (include area code)
B. OTHER FACILITIES – information for each one	
(1) Name	Address
Contact Person	Telephone Number (include area code)
(2) Name	Address
Contact Person	Telephone Number (include area code)
(3) Name	Address
Contact Person	Telephone Number (include area code)
(4) Name	Address
Contact Person	Telephone Number (include area code)
(5) Name	Address
Contact Person	Telephone Number (include area code)
(6) Name	Address
Contact Person	Telephone Number (include area code)

Please enter all information below for any additional locations that you are affiliated with that provide programs for the homeless.	
B. ADDITIONAL FACILITIES – information for each one	
(7) Name	Address
Contact Person	Telephone Number (include area code)
(8) Name	Address
Contact Person	Telephone Number (include area code)
(9) Name	Address
Contact Person	Telephone Number (include area code)
(10) Name	Address
Contact Person	Telephone Number (include area code)
(11) Name	Address
Contact Person	Telephone Number (include area code)
(12) Name	Address
Contact Person	Telephone Number (include area code)

[illegible]

Attachment C

FORM HPWUS-200(X)		OMB No. XXXX-XXXX: Approval Expires XX/XX/XX	
U. S. Department of Commerce Bureau of the Census Acting as collection agent for the U. S. Department of Housing and Urban Development SERVICE USERS THE SURVEY OF HOMELESS PERSONS WHO USE SERVICES		Public reporting burden for this collection of information is estimated to average 45 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Offices, Office of Information Policies and Systems, U. S. Department of Housing and Urban Development, Washington, D. C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (XXXX-XXXX), Washington, D. C. 20503. Do not send this completed form to either of these addresses.	
		A. RO code	B. State
		C. County	
		D. PSU	E. Facility code
		F. Questionnaire ID	
NOTICE - Your report to the Census Bureau is confidential by law (Title 5, USC 552a). All identifiable information will be used only by persons engaged in and for the purposes of the survey, and may not be disclosed or released to others for any purpose.		G. Name of facility	
		H. Mailing address - <i>Number and street or Post Office Box</i>	
		City	State
I. Field Representative name		ID code	
INTERVIEW			
J. Status - Mark (X) one	K. Date	L. Time	M. Total time
01 <input type="checkbox"/> Interviewed 02 <input type="checkbox"/> Refused	Month Day	Start a.m. Finish a.m. p.m. p.m.	minutes
INTRODUCTION			
Hello, I am (Field Representative's name) from the United States Bureau of the Census. Here is my identification card. We are conducting a survey for the United States Department of Housing and Urban Development to obtain information on persons who use services such as shelters and soup kitchens. The survey will take about 45 minutes of your time. The information you give me is used for statistical purposes only. None of the information you give which could identify you or this place will be released to the public. Participating in this survey is voluntary. You do not have to, if you do not want to, in other words. We will, of course, pay you for your time if you complete the questionnaire. If you have no other questions we will begin.			
N. What is your name?	Last		
	First		
O. What is your age?	Years		
Notes			

SECTION 1: CURRENT LIVING CONDITION	
This section asks you about your current living situation.	
1a. As of today, do you have some place in (TOWN/CITY NAME) that you consider to be a permanent place where you live?	1 <input type="checkbox"/> Yes -- GO to 1b. 2 <input type="checkbox"/> No -- GO to Section 2 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused
1b. Where in the county is that?	_____ <small>Office use only</small>
2. Do you pay to stay in the place where you live (even if someone else owns the place)?	1 <input type="checkbox"/> Yes, pay for my room, pay rent, mortgage, or already own it 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't Know 4 <input type="checkbox"/> Refused
3a. Is the place you live a house, apartment, a room, a shelter, or some other kind of place?	<div style="display: flex; justify-content: space-between;"> <div> 1 <input type="checkbox"/> A house 2 <input type="checkbox"/> An apartment 3 <input type="checkbox"/> A room (other than hotel) 4 <input type="checkbox"/> Hotel (place with separate rooms that you pay for yourself) 5 <input type="checkbox"/> Dormitory Hotel (place without separate rooms that you pay for yourself) 6 <input type="checkbox"/> A migrant worker's camp 7 <input type="checkbox"/> A shelter (includes transitional shelters) 8 <input type="checkbox"/> A welfare or voucher hotel 9 <input type="checkbox"/> A car or other vehicle 10 <input type="checkbox"/> An abandoned building 11 <input type="checkbox"/> A spot in a place of business (e.g. subway, movie, bar, all-night restaurant, bus station, etc.) 12 <input type="checkbox"/> Any place outside (streets, parks, culverts, campgrounds, etc.) 13 <input type="checkbox"/> Some other place (SPECIFY: _____) 14 <input type="checkbox"/> Don't know 15 <input type="checkbox"/> Refused </div> <div style="display: flex; flex-direction: column; justify-content: space-around; align-self: center;"> <div>- GO to 3b.</div> <div>- GO to 6.</div> <div>- GO to Section 2</div> </div> </div>
3b. What is the address of that place?	_____ _____
4. Is the place where you live your own place or someone else's place?	1 <input type="checkbox"/> Own place -- GO to Section 3 2 <input type="checkbox"/> Someone else's place 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused
5. Whose place is it?	1 <input type="checkbox"/> Parent's 2 <input type="checkbox"/> Other relative's 3 <input type="checkbox"/> Friend's 4 <input type="checkbox"/> Someone else's place (SPECIFY: _____) 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Refused
6. How often do you use that place for sleeping? Would you say...? (READ CATEGORIES)	1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> Almost every day 3 <input type="checkbox"/> Once or twice a week 4 <input type="checkbox"/> Less than once a week 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Refused <div style="text-align: right;">- GO to section 2</div>
7. Do you have an arrangement with your (parents/relatives/friends/someone else) to sleep in their place on a regular basis -- that is, for 5 or more days a week?	1 <input type="checkbox"/> Yes -- GO to section 3 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused <div style="text-align: right;">- GO to section 2</div>

SECTION 2: WITHOUT PERMANENT HOUSING

8a. Where did you sleep or rest during the last 24 hours? (READ RESPONSE CATEGORIES AND MARK (X) ALL THAT APPLY.)

- 1 ☐ Shelter
 _____ / _____
 (Name) (Address)
- 2 ☐ Someone's room, apartment, or house
- 3 ☐ Hotel/motel (voucher)
- 4 ☐ A migrant workers camp
- 5 ☐ In an institution (jail, hospital, detox)
- 6 ☐ Place of business (bus, bus station, all-night movie, airport, subway, bar, laundromat, restaurant, farm building, etc.)
- 7 ☐ A car (including other abandoned vehicles)
- 8 ☐ An abandoned building
- 9 ☐ Anywhere outside (street, park, cardboard box, campground, etc.)
- 10 ☐ Someplace else
 _____ / _____
 (Name) (Address)
- 11 ☐ Don't know
- 12 ☐ Refused

8b. Where in the county is that?

Office use only

9a. Over the last seven days, that is, since last (DAY OF INTERVIEW), on which nights did you sleep or rest in the following places? (READ CATEGORIES.)

- 1 In my own house, apartment, or room (includes foster and group homes)
- 2 In someone else's home or apartment
- 3 In a shelter or vouchered hotel/motel
- 4 In a migrant workers camp
- 5 In an institution (jail, hospital)
- 6 In a place of business, (bus, bus station, all-night movie, airport, subway, bar, laundromat, restaurant, farm building, etc.)
- 7 In a car, van, truck, or other vehicle (including abandoned vehicles)
- 8 In an empty or abandoned building
- 9 Anywhere outside (on the streets, in a park, under a culvert, in a cardboard box, on a bench, campground, etc.)
- 10 Elsewhere (SPECIFY: _____)

Su	M	T	W	Th	F	Sa

9b. (Ask if shelter marked in Q.8a or Q.9a)
 Can you tell me the names of the shelters you have used in the last 7 days?

Check item 1: Is there at least one "X" in each day column in Q.9a?

- ☐ Yes
- ☐ No (Go back and correct answers until each day column has at least one "X".)

Check item 2: Is Q.8a marked "1" or Q.9a marked "3"?

- ☐ Yes (GO to Q.10b)
- ☐ No

10a. Have you ever slept in a shelter or in a room paid for by a voucher?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused
- GO to Q.11

10b. When was the last time you slept at a shelter, or in a room paid for by a voucher?	1__ Last night 2__ # of days ago(if within the past week, enter the number of days) 3__ # of weeks ago(if within the past month, enter the number of weeks) 4__ # of months ago(if within the past year, enter the number of months) 5__ 13 or more months ago 6__ Never 7__ Don't know 8__ Refused
11. Other than shelters, when was the last time you had a house, apartment, room or other regular place to stay? (Regular is 5 or more days.)	1__ # of days ago(if within the past week, enter the number of days) 2__ # of weeks ago(if within the past month, enter the number of weeks) 3__ # of months ago(if within the past year, enter the number of months) 4__ / __ # of years and months yrs/mos 5__ Don't know 6__ Refused
12. Was it a...? (READ CHOICES AND MARK (X) ONE ANSWER.)	1__ House 2__ Apartment 3__ Room 4__ Some other kind of place (SPECIFY: _____) 5__ Don't know 6__ Refused
13. Did anyone else live with you, including children, or other adults, or did you live there all by yourself?	1__ Lived by myself (no spouse, no children, no one else) -----> (SKIP TO Q.15) 2__ Lived with other people 3__ Don't know 4__ Refused
14. If you lived with other people, who did you share that place with? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)	1__ Spouse 2__ Children 3__ Parents (mother and/or father, mother and/or father in-laws) 4__ Foster family 5__ Sisters and/or brothers, in-laws 6__ Your adult children 7__ Grandparents 8__ Other relatives 9__ Partner/boyfriend/girlfriend 10__ Friends 11__ Other residents 12__ Other persons (SPECIFY: _____) 13__ Don't know 14__ Refused
15. Who did that place belong to? That is, who paid the rent or mortgage or owned it? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)	1__ Self 2__ Spouse 3__ Parents (mother and/or father, mother and/or father in-laws) 4__ Foster family 5__ Sisters and/or brothers, in-laws 6__ Your adult children 7__ Grandparents 8__ Other relatives 9__ Partner/boyfriend/girlfriend 10__ Friends 11__ Non-profit/government program or institution 12__ Other persons (SPECIFY: _____) 13__ Don't know 14__ Refused

2-3

2-4

<p>22. (From the time you were born until your 18th birthday), did you ever run away from home, or were you forced to leave your home (pushed out), for 24 hours or more? (Includes a foster or group home or other institution)</p>	<p>1___ No, never ran away or was pushed out -----> (SKIP TO Q.24)</p> <p>2___ Yes, ran away</p> <p>3___ Yes, pushed out or forced to leave by parents, relatives, guardian or foster parent -----> (ASK Q. 23)</p>
	<p>4___ Refused -----> (SKIP TO Q.24)</p>
<p>23. Altogether, how much time did you spend away from home before you were 18 years old?</p>	<p>1___ Less than one week</p> <p>2___ 1-4 weeks</p> <p>3___ 1-6 months</p>
	<p>4___ 7-12 months</p> <p>5___ 13-24 months (1-2 years)</p> <p>6___ More than 2 years</p> <p>7___ Don't know</p> <p>8___ Refused</p>
<p>24. (INCLUDING THIS TIME), how many times in your life have you been(homeless/without permanent housing)? That is, not living in your own house, apartment, or room on a regular basis?</p>	<p>1___ Times before this time</p> <p>2___ Just this time -----> (SKIP TO Q.28)</p>
<p>25. How long were you (homeless/without permanent housing) during the period (of homelessness) just before this one?</p>	<p>1___ # of days ago(if within the past week, enter the number of days)</p> <p>2___ # of weeks ago(if within the past month, enter the number of weeks)</p> <p>3___ # of months ago(if within the past year, enter the number of months)</p> <p>4___/___ # of years ago and months</p> <p>yrs/mos</p>
	<p>5___ Don't know</p> <p>6___ Refused</p>
<p>26. How long ago did your LAST period (of homelessness/without permanent housing) end? (Refers to the time before this one)?</p>	<p>1___ # of days ago(if within the past week, enter the number of days)</p> <p>2___ # of weeks ago(if within the past month, enter the number of weeks)</p> <p>3___ # of months ago(if within the past year, enter the number of months)</p> <p>4___/___ # of years ago and months</p> <p>yrs/mos</p>
	<p>5___ Don't know</p> <p>6___ Refused</p>
<p>27. How old were you when you FIRST found yourself without permanent housing or a regular place to stay?</p>	<p>1___ Age</p>
<p>28. Where were you living when you became (homeless/without permanent housing) THIS time?</p>	<p>1___ /___ State</p> <p>Town/City</p>
	<p>2___ Don't know</p> <p>3___ Refused</p>
<p>Check Item 4: IS (City/State) SAME LOCATION AS INTERVIEW CITY?</p>	<p>___ Yes (SKIP TO Q.56)</p> <p>___ No</p>

<p>29. Why did you leave (city in Q.28)? (MARK (X) ALL THAT APPLY.)</p>	<p>1__ No jobs available 2__ No help available from family 3__ Used available services until exceeded time limit 4__ Entered institution in another city (e.g., jail, mental hospital) 5__ No services in that place 6__ Made to leave (given bus fare to leave town, driven to county line, etc.) 7__ Close of Agricultural Season 8__ Other (SPECIFY: _____) 9__ Refused</p>		
<p>30. Why did you come here (to interview city)? (MARK (X) ALL THAT APPLY.)</p>	<p>1__ To look for work, heard jobs were here 2__ Cheap housing 3__ Had friends and/or relatives here 4__ Availability of shelters/missions 5__ Good services/programs 6__ Climate 7__ Following crops 8__ On the way to where I am going, just passing through 9__ No particular reason 10__ Other (SPECIFY: _____) 11__ Refused</p>		
<p>31. How long have you been in (interview city)?</p>	<p>1__ Less than 3 months 2__ 4 to 6 months 3__ 7 to 12 months 4__ 1 year 5__ 2 to 5 years 6__ 6 to 10 years 7__ More than 10 years but less than all my life 8__ All my life</p>		
<p>32. Since you (became homeless/left your last permanent place), how many towns/cities have you stayed 2 or more days in?</p>	<table border="1"> <tr> <td data-bbox="678 1257 1015 1457"> <p>1__ 1 place 2__ 2 places 3__ 3 places 4__ 4 places 5__ 5 to 10 places 6__ 11 or more places</p> </td> <td data-bbox="1023 1226 1438 1478" rowspan="2"> <p>(SKIP TO Q.56)</p> </td> </tr> </table>	<p>1__ 1 place 2__ 2 places 3__ 3 places 4__ 4 places 5__ 5 to 10 places 6__ 11 or more places</p>	<p>(SKIP TO Q.56)</p>
<p>1__ 1 place 2__ 2 places 3__ 3 places 4__ 4 places 5__ 5 to 10 places 6__ 11 or more places</p>	<p>(SKIP TO Q.56)</p>		

SECTION 3: CURRENTLY WITH PERMANENT HOUSING

		Days Per Week
33a. Over the last seven days, that is, since last (DAY OF INTERVIEW) on how many nights did you sleep or rest in the following places? (READ RESPONSE CATEGORIES)	1 In my own house, apartment, or room (includes foster and group homes)	
	2 In someone else's home or apartment	
	3 In a shelter or vouchered hotel/motel	
	4 In a migrant workers camp	
	5 In an institution (jail, hospital)	
	6 In a place of business (bus, bus station, all-night movie, airport, subway, bar, laundromat, restaurant, farm building, etc.)	
	7 In a car, van, truck, or other vehicle (including abandoned vehicles)	
	8 In an empty or abandoned building	
	9 Anywhere outside (on the streets, in a park, under a culvert, in a cardboard box, on a bench, campground, etc.)	
	10 Elsewhere (SPECIFY: _____)	
Total		7
33b. (Ask if shelter marked in Q.33a) Can you tell me the names of the shelters you have used in the last 7 days?	SHELTERS _____ _____ _____	
Check Item 5: DO ANSWERS IN Q.33 TOTAL 7?	___ Yes (Continue with Q.34) ___ No (Go back and correct answers until responses total 7.; Continue with Q.34)	
34. Have you ever been (homeless/without permanent housing), that is, not living in your own house, apartment, or room on a regular basis?	1 ___ Yes 2 ___ No -----> (SKIP TO Q.56) 3 ___ Don't know 4 ___ Refused	
35. How many times in your life have you been (homeless/without permanent housing)?	1 ___ Number of times	
36. How old were you the first time you were (homeless/without permanent housing)?	1 ___ Age	
37. How long were you (homeless/without permanent housing)? If more than once, use the most recent one.	1 ___ # of days ago(if within the past week, enter the number of days) 2 ___ # of weeks ago(if 1-4 weeks ago, enter number of weeks) 3 ___ # of months ago(1-12 months ago, enter number of months) 4 ___/___ # of years and months yrs/mos 5 ___ Don't know 6 ___ Refused	
38. How long ago did your last time (of homelessness/without permanent housing) end?	1 ___ # of days ago(if within the past week, enter the number of days) 2 ___ # of weeks ago(if 1-4 weeks ago, enter number of weeks) 3 ___ # of months ago(1-12 months ago, enter number of months) 4 ___/___ # of years and months yrs/mos 5 ___ Don't know 6 ___ Refused	

39. Have you ever slept at a shelter, or in a room paid for by a voucher?	1__ Yes 2__ No -----> (SKIP TO Q.41)
40. When was the last time you slept at a shelter, or in a room paid for by a voucher?	1__ Last night 2__ # of days ago(if within the past week, enter the number of days) 3__ # of weeks ago(if 1-4 weeks ago, enter number of weeks) 4__ # of months ago(1-12 months ago, enter number of months) 5__ 13 or more months ago 6__ Never 7__ Don't know 8__ Refused
41. Please think about the LAST time you did not have a home or regular place to stay. What type of place were you living in just before you were (homeless/without permanent housing) the LAST time? Was it a ...? (READ CATEGORIES.)	1__ House 2__ Apartment 3__ Room 4__ Some other kind of place (SPECIFY: _____) 5__ Don't know 6__ Refused
42. Did anyone else live with you, including children, or other adults, or did you live there by yourself?	1__ Lived by myself (no spouse, no children, no one else) -----> (SKIP TO Q. 44) 2__ Lived with other people 3__ Don't know 4__ Refused
43. If you lived with other people, did you share that place with...? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)	1__ Spouse 2__ Children 3__ Parents (mother and/or father, mother and/or father in-laws) 4__ Foster family 5__ Sisters and/or brothers, in-laws 6__ Your adult children 7__ Grandparents 8__ Other relatives 9__ Partner/boyfriend/girlfriend 10__ Friends 11__ Other residents 12__ Other persons (SPECIFY: _____) 13__ Don't know 14__ Refused
44. Who did that place belong to? That is, who paid the rent or mortgage or owned it? (MARK (X) ALL THAT APPLY.)	1__ Self 2__ Spouse 3__ Parents (mother and/or father, mother and/or father in-laws) 4__ Foster family 5__ Sisters and/or brothers, in-laws 6__ Your adult children 7__ Grandparents 8__ Other relatives 9__ Partner/boyfriend/girlfriend 10__ Friends 11__ Non-profit/government program or institution 12__ Other persons (SPECIFY: _____) 13__ Don't know 14__ Refused

3-3

47a. Since you left your last permanent place, did you spend time in...? READ CHOICES AND MARK (X) ALL THAT APPLY.)	<div style="background-color: #cccccc; width: 100px; height: 100px;"></div>	47b. If all no in 47a, skip to Q.48. If yes in 47a, ask – How much time did you spend in...?					
	<div style="background-color: #cccccc; width: 100px; height: 100px;"></div>	1 to 7 days	1 to 4 weeks	1 to 6 months	7 to 12 months	13 to 24 months	2 or more years
	Yes No						
1 Temporary place of your own (paid for by you)	— —	— —	— —	— —	— —	— —	— —
2 Homes of relatives	— —	— —	— —	— —	— —	— —	— —
3 Homes of friends	— —	— —	— —	— —	— —	— —	— —
4 Foster home	— —	— —	— —	— —	— —	— —	— —
5 Mental Hospital	— —	— —	— —	— —	— —	— —	— —
6 Other Hospital	— —	— —	— —	— —	— —	— —	— —
7 Nursing home, board & care home, group home	— —	— —	— —	— —	— —	— —	— —
8 Military	— —	— —	— —	— —	— —	— —	— —
9 Jail or prison	— —	— —	— —	— —	— —	— —	— —
10 Halfway house, 3/4 way house, other transitional	— —	— —	— —	— —	— —	— —	— —
11 Other (SPECIFY: _____)	— —	— —	— —	— —	— —	— —	— —
12 Don't Know	— —	— —	— —	— —	— —	— —	— —
13 Refused	— —	— —	— —	— —	— —	— —	— —
Check Item 6: ARE RESPONSES IN Q.47a ALL "NO"?		___ Yes (SKIP TO Q.48) ___ No					
47c. (SHOW FLASHCARD) When you were without a home the LAST time, how much time did you spend in these places? (DO NOT INCLUDE TIME SPENT AT SHELTERS.)		1___ All of the time 2___ Most of the time 3___ About three-quarters of the time 4___ About half of the time 5___ About one-quarter of the time 6___ Almost none of the time 7___ None of the time 8___ Don't know 9___ Refused					
48. Did you ever live in any of the following places for children or teenagers? (READ CHOICES AND MARK (X) ALL THAT APPLY.)		a. A foster home		1___ Yes 2___ No	3___ DK 4___ RF		
		b. A group home		1___ Yes 2___ No	3___ DK 4___ RF		
		c. Any other kind of institution		1___ Yes 2___ No	3___ DK 4___ RF		
49. (From the time you were born until your 18th birthday), did you ever run away from home, or were you forced to leave your home (pushed out), for 24 hours or more (Includes a foster or group home or other institution)?		1___ No, never ran away or was pushed out -----> (SKIP TO Q.51) 2___ Yes, ran away 3___ Yes, pushed out or forced to leave by parents, relatives, guardian or foster parents (ASK Q. 50) 4___ Refused -----> (SKIP TO Q.51)					

50. Altogether, how much time did you spend away from home before you turned 18?	<input type="checkbox"/> Less than one week <input type="checkbox"/> 1-4 weeks <input type="checkbox"/> 1-6 months <input type="checkbox"/> 7-12 months <input type="checkbox"/> 13-24 months (1-2 years) <input type="checkbox"/> More than 2 years <input type="checkbox"/> Refused
51. When you were (homeless/ without permanent housing) the last time, where were you living?	<input type="text"/> / <input type="text"/> Town/City State <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
Check Item 7: IS (City/State) SAME AS INTERVIEW CITY?	<input type="checkbox"/> Yes (SKIP TO Q.54) <input type="checkbox"/> No
52. Why did you leave (city in Q.51)? (MARK (X) ALL THAT APPLY.)	<input type="checkbox"/> No jobs available <input type="checkbox"/> No help available from family <input type="checkbox"/> Used available services until exceeded time limit <input type="checkbox"/> Entered institution in another city (e.g., jail, mental hospital) <input type="checkbox"/> No services in that place <input type="checkbox"/> Made to leave (given bus fare to leave town, driven to county line, etc.) <input type="checkbox"/> Close of agricultural season <input type="checkbox"/> Other (SPECIFY? _____) <input type="checkbox"/> Refused
53. Why did you come here to (interview city)? (MARK (X) ALL THAT APPLY.)	<input type="checkbox"/> To look for work, heard jobs were here <input type="checkbox"/> Cheap housing <input type="checkbox"/> Had friends and/or relatives here <input type="checkbox"/> Availability of shelters/missions <input type="checkbox"/> Good services/programs <input type="checkbox"/> Climate <input type="checkbox"/> Following crops <input type="checkbox"/> On the way to where I am going, just passing through <input type="checkbox"/> No particular reason <input type="checkbox"/> Other (SPECIFY? _____) <input type="checkbox"/> Refused
54. How long have you been in (interview city)?	<input type="checkbox"/> Less than 3 months <input type="checkbox"/> 4 to 6 months <input type="checkbox"/> 7 to 12 months <input type="checkbox"/> 1 year <input type="checkbox"/> 2 to 5 years <input type="checkbox"/> 6 to 10 years <input type="checkbox"/> More than 10 years but less than all my life <input type="checkbox"/> All my life
55. When you were (homeless/without permanent housing), in how many towns/ cities did you stay 2 or more days in?	<input type="checkbox"/> 1 place <input type="checkbox"/> 2 places <input type="checkbox"/> 3 places <input type="checkbox"/> 4 places <input type="checkbox"/> 5 to 10 places <input type="checkbox"/> 11 or more places

SECTION 4: DEMOGRAPHICS

The next questions ask for some basic background information about you.

56. Gender: (FILL BY OBSERVATION)	1__ Male 2__ Female
57. (SHOW FLASHCARD) What is your race?	1__ Black 2__ White 3__ American Indian/Native American 4__ Asian/Pacific Islander 5__ Other (SPECIFY: _____) 6__ Don't Know 7__ Refused
57a. (SHOW FLASHCARD) Are you of Spanish/Hispanic origin? For example: Mexican, Mexican/American, Cuban, Puerto Rican.	1__ Yes 2__ No (not Spanish/Hispanic) -----> (SKIP TO Q.58)
57b. Which Spanish/Hispanic group are you?	1__ Mexican, Mexican/American, Chicano 2__ Puerto Rican 3__ Cuban 4__ Other Spanish/Hispanic
58. What is your date of birth?	1__ __ __ M M D D Y Y
59. How much school have you completed? (READ CATEGORIES IF PERSON IS UNSURE. MARK (X) FOR THE HIGHEST LEVEL COMPLETED OR DEGREE RECEIVED. IF CURRENTLY ENROLLED, MARK THE LEVEL OF PREVIOUS GRADE ATTENDED OR HIGHEST DEGREE RECEIVED.)	1__ No school completed 2__ Nursery school 3__ Kindergarten 4__ 1st, 2nd, 3rd, 4th grade 5__ 5th, 6th, 7th, or 8th grade 6__ 9th grade 7__ 10th grade 8__ 11th grade 9__ 12th grade, NO DIPLOMA 10__ HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (e.g. GED) 11__ Some college but no degree 12__ Associate degree in college - Occupational program 13__ Associate degree in college - Academic program 14__ Bachelor's degree (e.g. BA, AB, BS) 15__ Master's degree (e.g. MA, MEng, MEd, MSE, MBA) 16__ Professional school degree (e.g. MD, DDS, DVM, LLB, JD) 17__ Doctorate degree (e.g. PhD, EdD)
60. Are you working on any diploma, degree, courses, or training program now? (MARK (X) ALL THAT APPLY.)	1__ Yes, on G.E.D. 2__ Yes, on high school diploma 3__ Yes, on college courses or degree 4__ Yes, on vocational or other training program or apprenticeship 5__ Yes, other (SPECIFY: _____) 6__ No 7__ Don't know 8__ Refused

61a. Did you ever repeat one or more grades in school?	1__ No 2__ Repeated one grade 3__ Repeated more than one grade 4__ Don't know 5__ Refused
61b. Were you ever enrolled in special education?	1__ Yes 2__ No
Check Item 8: IS Q.59 MARKED 1 THROUGH 9?	__ Yes __ No (SKIP TO Q.63)
62a. Did you drop out of school for a period of time?	1__ No, never dropped out 2__ Dropped out of junior high/middle school (5-8) 3__ Dropped out of senior high school (9-12) 4__ Don't know 5__ Refused
62b. Were you ever suspended?	1__ Yes 2__ No
62c. Were you ever expelled?	1__ Yes 2__ No
63. What is your present marital status? Are you ... (READ CATEGORIES AND MARK (X) ONLY ONE.)	1__ Now married, except separated (includes common law) 2__ Divorced 3__ Separated 4__ Widowed 5__ Never married 6__ Don't know 7__ Refused
64. What is your Social Security number?	____-____-____
64a. (If social security number refused, ask...) What are the first 5 digits of your Social Security number?	_____

SECTION 5 – CHILDREN AND EDUCATION

The next questions ask you about any children you may have.			
65. Do you have any children?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused		
	GO to 72		
66. How many children do you have who are --	<input type="checkbox"/> Child(ren) - GO to 67a. 1 <input type="checkbox"/> None - GO to 72		
a. Under 18?			
b. 18 and over?	<input type="checkbox"/> Child(ren) - GO to 72		
Complete questions 67a. through 71h. for ONE child at a time.			
67a. What is the name and age of each child under 18? (Enter number of months if under one year of age)	CHILD 1	CHILD 2	CHILD 3
	Name	Name	Name
	<input type="checkbox"/> Year(s) OR <input type="checkbox"/> Month(s) 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused	<input type="checkbox"/> Year(s) OR <input type="checkbox"/> Month(s) 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused	<input type="checkbox"/> Year(s) OR <input type="checkbox"/> Month(s) 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused
b. What is (child's name)'s sex?	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
68. Does (child's name) live with you?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
69. Where does (child's name) live now?	1 <input type="checkbox"/> Child lives with his/her other parent 2 <input type="checkbox"/> Child lives with my parent(s) or in-laws 3 <input type="checkbox"/> Child lives with other relatives 4 <input type="checkbox"/> Child is in foster care, group home, jail or other institution 5 <input type="checkbox"/> Other - Specify _____ 6 <input type="checkbox"/> Don't know where child lives 7 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Child lives with his/her other parent 2 <input type="checkbox"/> Child lives with my parent(s) or in-laws 3 <input type="checkbox"/> Child lives with other relatives 4 <input type="checkbox"/> Child is in foster care, group home, jail or other institution 5 <input type="checkbox"/> Other - Specify _____ 6 <input type="checkbox"/> Don't know where child lives 7 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Child lives with his/her other parent 2 <input type="checkbox"/> Child lives with my parent(s) or in-laws 3 <input type="checkbox"/> Child lives with other relatives 4 <input type="checkbox"/> Child is in foster care, group home, jail or other institution 5 <input type="checkbox"/> Other - Specify _____ 6 <input type="checkbox"/> Don't know where child lives 7 <input type="checkbox"/> Refused
70. How long has it been since (child's name) has lived with you?	1 <input type="checkbox"/> 0 to 6 months 2 <input type="checkbox"/> 7 to 12 months 3 <input type="checkbox"/> 1 to 2 years 4 <input type="checkbox"/> 3 to 4 years 5 <input type="checkbox"/> More than 4 years 6 <input type="checkbox"/> Child never lived with me - GO to 72 7 <input type="checkbox"/> Refused	1 <input type="checkbox"/> 0 to 6 months 2 <input type="checkbox"/> 7 to 12 months 3 <input type="checkbox"/> 1 to 2 years 4 <input type="checkbox"/> 3 to 4 years 5 <input type="checkbox"/> More than 4 years 6 <input type="checkbox"/> Child never lived with me - GO to 72 7 <input type="checkbox"/> Refused	1 <input type="checkbox"/> 0 to 6 months 2 <input type="checkbox"/> 7 to 12 months 3 <input type="checkbox"/> 1 to 2 years 4 <input type="checkbox"/> 3 to 4 years 5 <input type="checkbox"/> More than 4 years 6 <input type="checkbox"/> Child never lived with me - GO to 72 7 <input type="checkbox"/> Refused
CHECK ITEM A - If Q 68 is marked "YES" and child's age is -	<input type="checkbox"/> 6 years or older - Ask 71a <input type="checkbox"/> 3, 4, or 5 years old - Skip 71b <input type="checkbox"/> Less than 3 years - Skip to 71g	<input type="checkbox"/> 6 years or older - Ask 71a <input type="checkbox"/> 3, 4, or 5 years old - Skip 71b <input type="checkbox"/> Less than 3 years - Skip to 71g	<input type="checkbox"/> 6 years or older - Ask 71a <input type="checkbox"/> 3, 4, or 5 years old - Skip 71b <input type="checkbox"/> Less than 3 years - Skip to 71g
71. Does (child's name) attend school?	1 <input type="checkbox"/> Yes, regularly attends school - skip to 71e. 2 <input type="checkbox"/> Attends school but not regularly, misses a lot 3 <input type="checkbox"/> No, not attending school 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes, regularly attends school - skip to 71e. 2 <input type="checkbox"/> Attends school but not regularly, misses a lot 3 <input type="checkbox"/> No, not attending school 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes, regularly attends school - skip to 71e. 2 <input type="checkbox"/> Attends school but not regularly, misses a lot 3 <input type="checkbox"/> No, not attending school 4 <input type="checkbox"/> Refused

CHILD 4	CHILD 5	CHILD 6	CHILD 7
Name	Name	Name	Name
___ Year(s) OR ___ Month(s) 1 ___ Don't know 2 ___ Refused	___ Year(s) OR ___ Month(s) 1 ___ Don't know 2 ___ Refused	___ Year(s) OR ___ Month(s) 1 ___ Don't know 2 ___ Refused	___ Year(s) OR ___ Month(s) 1 ___ Don't know 2 ___ Refused
1 ___ Male 2 ___ Female	1 ___ Male 2 ___ Female	1 ___ Male 2 ___ Female	1 ___ Male 2 ___ Female
1 ___ Yes 2 ___ No	1 ___ Yes 2 ___ No	1 ___ Yes 2 ___ No	1 ___ Yes 2 ___ No
1 ___ Child lives with his/her other parent 2 ___ Child lives with my parent(s) or in-laws 3 ___ Child lives with other relatives 4 ___ Child is in foster care, group home, jail or other institution 5 ___ Other - Specify _____ 6 ___ Don't know where child lives 7 ___ Refused	1 ___ Child lives with his/her other parent 2 ___ Child lives with my parent(s) or in-laws 3 ___ Child lives with other relatives 4 ___ Child is in foster care, group home, jail or other institution 5 ___ Other - Specify _____ 6 ___ Don't know where child lives 7 ___ Refused	1 ___ Child lives with his/her other parent 2 ___ Child lives with my parent(s) or in-laws 3 ___ Child lives with other relatives 4 ___ Child is in foster care, group home, jail or other institution 5 ___ Other - Specify _____ 6 ___ Don't know where child lives 7 ___ Refused	1 ___ Child lives with his/her other parent 2 ___ Child lives with my parent(s) or in-laws 3 ___ Child lives with other relatives 4 ___ Child is in foster care, group home, jail or other institution 5 ___ Other - Specify _____ 6 ___ Don't know where child lives 7 ___ Refused
1 ___ 0 to 6 months 2 ___ 7 to 12 months 3 ___ 1 to 2 years 4 ___ 3 to 4 years 5 ___ More than 4 years 6 ___ Child never lived with me - GO to 72 7 ___ Refused	1 ___ 0 to 6 months 2 ___ 7 to 12 months 3 ___ 1 to 2 years 4 ___ 3 to 4 years 5 ___ More than 4 years 6 ___ Child never lived with me - GO to 72 7 ___ Refused	1 ___ 0 to 6 months 2 ___ 7 to 12 months 3 ___ 1 to 2 years 4 ___ 3 to 4 years 5 ___ More than 4 years 6 ___ Child never lived with me - GO to 72 7 ___ Refused	1 ___ 0 to 6 months 2 ___ 7 to 12 months 3 ___ 1 to 2 years 4 ___ 3 to 4 years 5 ___ More than 4 years 6 ___ Child never lived with me - GO to 72 7 ___ Refused
___ 6 years or older - <i>Ask 71a</i> ___ 3, 4, or 5 years old - <i>Skip 71b</i> ___ Less than 3 years - <i>Skip to 71g</i>	___ 6 years or older - <i>Ask 71a</i> ___ 3, 4, or 5 years old - <i>Skip 71b</i> ___ Less than 3 years - <i>Skip to 71g</i>	___ 6 years or older - <i>Ask 71a</i> ___ 3, 4, or 5 years old - <i>Skip 71b</i> ___ Less than 3 years - <i>Skip to 71g</i>	___ 6 years or older - <i>Ask 71a</i> ___ 3, 4, or 5 years old - <i>Skip 71b</i> ___ Less than 3 years - <i>Skip to 71g</i>
1 ___ Yes, regularly attends school - skip to 71e. 2 ___ Attends school but not regularly, misses a lot 3 ___ No, not attending school 4 ___ Refused	1 ___ Yes, regularly attends school - skip to 71e. 2 ___ Attends school but not regularly, misses a lot 3 ___ No, not attending school 4 ___ Refused	1 ___ Yes, regularly attends school - skip to 71e. 2 ___ Attends school but not regularly, misses a lot 3 ___ No, not attending school 4 ___ Refused	1 ___ Yes, regularly attends school - skip to 71e. 2 ___ Attends school but not regularly, misses a lot 3 ___ No, not attending school 4 ___ Refused

Please list the children's names in the same order as on pages 5-1 and 5-2.	CHILD 1	CHILD 2	CHILD 3
	Name	Name	Name
71b. Does (child's name) attend kindergarten, Head Start, or other pre-school program?	1 <input type="checkbox"/> Yes, regularly attends a <input type="checkbox"/> Kindergarten b <input type="checkbox"/> Head Start c <input type="checkbox"/> Other pre-school (nursery school, pre-kindergarten) 2 <input type="checkbox"/> Enrolled, but does not attend regularly 3 <input type="checkbox"/> Not enrolled 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes, regularly attends a <input type="checkbox"/> Kindergarten b <input type="checkbox"/> Head Start c <input type="checkbox"/> Other pre-school (nursery school, pre-kindergarten) 2 <input type="checkbox"/> Enrolled, but does not attend regularly 3 <input type="checkbox"/> Not enrolled 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes, regularly attends a <input type="checkbox"/> Kindergarten b <input type="checkbox"/> Head Start c <input type="checkbox"/> Other pre-school (nursery school, pre-kindergarten) 2 <input type="checkbox"/> Enrolled, but does not attend regularly 3 <input type="checkbox"/> Not enrolled 4 <input type="checkbox"/> Refused
c. If not attending regularly, how long has it been since (child's name) regularly attended school?	1 <input type="checkbox"/> Less than 1 month 2 <input type="checkbox"/> 1 to 3 months 3 <input type="checkbox"/> 4 to 6 months 4 <input type="checkbox"/> 7 months or more 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Never attended 7 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Less than 1 month 2 <input type="checkbox"/> 1 to 3 months 3 <input type="checkbox"/> 4 to 6 months 4 <input type="checkbox"/> 7 months or more 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Never attended 7 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Less than 1 month 2 <input type="checkbox"/> 1 to 3 months 3 <input type="checkbox"/> 4 to 6 months 4 <input type="checkbox"/> 7 months or more 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Never attended 7 <input type="checkbox"/> Refused
d. Why doesn't (child's name) attend school or pre-school regularly? <i>Mark (X) all that apply.</i>	1 <input type="checkbox"/> Problems with transportation, no transportation 2 <input type="checkbox"/> Can't register, no documents 3 <input type="checkbox"/> Don't stay in one place long enough 4 <input type="checkbox"/> Lack of clothing, shoes, can't keep clean 5 <input type="checkbox"/> Child doesn't like school 6 <input type="checkbox"/> Has to babysit younger brothers/sisters 7 <input type="checkbox"/> Has been sick, doesn't feel well 8 <input type="checkbox"/> Too tired, can't get him/her up in the morning 9 <input type="checkbox"/> Other - Specify _____ 10 <input type="checkbox"/> Don't know 11 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Problems with transportation, no transportation 2 <input type="checkbox"/> Can't register, no documents 3 <input type="checkbox"/> Don't stay in one place long enough 4 <input type="checkbox"/> Lack of clothing, shoes, can't keep clean 5 <input type="checkbox"/> Child doesn't like school 6 <input type="checkbox"/> Has to babysit younger brothers/sisters 7 <input type="checkbox"/> Has been sick, doesn't feel well 8 <input type="checkbox"/> Too tired, can't get him/her up in the morning 9 <input type="checkbox"/> Other - Specify _____ 10 <input type="checkbox"/> Don't know 11 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Problems with transportation, no transportation 2 <input type="checkbox"/> Can't register, no documents 3 <input type="checkbox"/> Don't stay in one place long enough 4 <input type="checkbox"/> Lack of clothing, shoes, can't keep clean 5 <input type="checkbox"/> Child doesn't like school 6 <input type="checkbox"/> Has to babysit younger brothers/sisters 7 <input type="checkbox"/> Has been sick, doesn't feel well 8 <input type="checkbox"/> Too tired, can't get him/her up in the morning 9 <input type="checkbox"/> Other - Specify _____ 10 <input type="checkbox"/> Don't know 11 <input type="checkbox"/> Refused
e. Has (child's name) ever been assigned to a special education class?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused
f. Has (child's name) repeated any grade?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused
g. Other than school or pre-school, does (child's name) receive day care?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused
h. Where does (child's name) go for day care?	1 <input type="checkbox"/> At the shelter 2 <input type="checkbox"/> At a day care center 3 <input type="checkbox"/> To friends/relatives 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Refused	1 <input type="checkbox"/> At the shelter 2 <input type="checkbox"/> At a day care center 3 <input type="checkbox"/> To friends/relatives 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Refused	1 <input type="checkbox"/> At the shelter 2 <input type="checkbox"/> At a day care center 3 <input type="checkbox"/> To friends/relatives 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Refused

CHILD 4	CHILD 5	CHILD 6	CHILD 7
Name	Name	Name	Name
1 <input type="checkbox"/> Yes, regularly attends a <input type="checkbox"/> Kindergarten b <input type="checkbox"/> Head Start c <input type="checkbox"/> Other pre-school (nursery school, pre-kindergarten) <div style="float: right; text-align: right;"> } 60 to 71e </div>	1 <input type="checkbox"/> Yes, regularly attends a <input type="checkbox"/> Kindergarten b <input type="checkbox"/> Head Start c <input type="checkbox"/> Other pre-school (nursery school, pre-kindergarten) <div style="float: right; text-align: right;"> } 60 to 71e </div>	1 <input type="checkbox"/> Yes, regularly attends a <input type="checkbox"/> Kindergarten b <input type="checkbox"/> Head Start c <input type="checkbox"/> Other pre-school (nursery school, pre-kindergarten) <div style="float: right; text-align: right;"> } 60 to 71e </div>	1 <input type="checkbox"/> Yes, regularly attends a <input type="checkbox"/> Kindergarten b <input type="checkbox"/> Head Start c <input type="checkbox"/> Other pre-school (nursery school, pre-kindergarten) <div style="float: right; text-align: right;"> } 60 to 71e </div>
2 <input type="checkbox"/> Enrolled, but does not attend regularly	2 <input type="checkbox"/> Enrolled, but does not attend regularly	2 <input type="checkbox"/> Enrolled, but does not attend regularly	2 <input type="checkbox"/> Enrolled, but does not attend regularly
3 <input type="checkbox"/> Not enrolled	3 <input type="checkbox"/> Not enrolled	3 <input type="checkbox"/> Not enrolled	3 <input type="checkbox"/> Not enrolled
4 <input type="checkbox"/> Refused	4 <input type="checkbox"/> Refused	4 <input type="checkbox"/> Refused	4 <input type="checkbox"/> Refused
1 <input type="checkbox"/> Less than 1 month	1 <input type="checkbox"/> Less than 1 month	1 <input type="checkbox"/> Less than 1 month	1 <input type="checkbox"/> Less than 1 month
2 <input type="checkbox"/> 1 to 3 months	2 <input type="checkbox"/> 1 to 3 months	2 <input type="checkbox"/> 1 to 3 months	2 <input type="checkbox"/> 1 to 3 months
3 <input type="checkbox"/> 4 to 6 months	3 <input type="checkbox"/> 4 to 6 months	3 <input type="checkbox"/> 4 to 6 months	3 <input type="checkbox"/> 4 to 6 months
4 <input type="checkbox"/> 7 months or more	4 <input type="checkbox"/> 7 months or more	4 <input type="checkbox"/> 7 months or more	4 <input type="checkbox"/> 7 months or more
5 <input type="checkbox"/> Don't know	5 <input type="checkbox"/> Don't know	5 <input type="checkbox"/> Don't know	5 <input type="checkbox"/> Don't know
6 <input type="checkbox"/> Never attended	6 <input type="checkbox"/> Never attended	6 <input type="checkbox"/> Never attended	6 <input type="checkbox"/> Never attended
7 <input type="checkbox"/> Refused	7 <input type="checkbox"/> Refused	7 <input type="checkbox"/> Refused	7 <input type="checkbox"/> Refused
1 <input type="checkbox"/> Problems with transportation, no transportation	1 <input type="checkbox"/> Problems with transportation, no transportation	1 <input type="checkbox"/> Problems with transportation, no transportation	1 <input type="checkbox"/> Problems with transportation, no transportation
2 <input type="checkbox"/> Can't register, no documents	2 <input type="checkbox"/> Can't register, no documents	2 <input type="checkbox"/> Can't register, no documents	2 <input type="checkbox"/> Can't register, no documents
3 <input type="checkbox"/> Don't stay in one place long enough	3 <input type="checkbox"/> Don't stay in one place long enough	3 <input type="checkbox"/> Don't stay in one place long enough	3 <input type="checkbox"/> Don't stay in one place long enough
4 <input type="checkbox"/> Lack of clothing, shoes, can't keep clean	4 <input type="checkbox"/> Lack of clothing, shoes, can't keep clean	4 <input type="checkbox"/> Lack of clothing, shoes, can't keep clean	4 <input type="checkbox"/> Lack of clothing, shoes, can't keep clean
5 <input type="checkbox"/> Child doesn't like school	5 <input type="checkbox"/> Child doesn't like school	5 <input type="checkbox"/> Child doesn't like school	5 <input type="checkbox"/> Child doesn't like school
6 <input type="checkbox"/> Has to babysit younger brothers/sisters	6 <input type="checkbox"/> Has to babysit younger brothers/sisters	6 <input type="checkbox"/> Has to babysit younger brothers/sisters	6 <input type="checkbox"/> Has to babysit younger brothers/sisters
7 <input type="checkbox"/> Has been sick, doesn't feel well	7 <input type="checkbox"/> Has been sick, doesn't feel well	7 <input type="checkbox"/> Has been sick, doesn't feel well	7 <input type="checkbox"/> Has been sick, doesn't feel well
8 <input type="checkbox"/> Too tired, can't get him/her up in the morning	8 <input type="checkbox"/> Too tired, can't get him/her up in the morning	8 <input type="checkbox"/> Too tired, can't get him/her up in the morning	8 <input type="checkbox"/> Too tired, can't get him/her up in the morning
9 <input type="checkbox"/> Other - Specify	9 <input type="checkbox"/> Other - Specify	9 <input type="checkbox"/> Other - Specify	9 <input type="checkbox"/> Other - Specify
10 <input type="checkbox"/> Don't know	10 <input type="checkbox"/> Don't know	10 <input type="checkbox"/> Don't know	10 <input type="checkbox"/> Don't know
11 <input type="checkbox"/> Refused	11 <input type="checkbox"/> Refused	11 <input type="checkbox"/> Refused	11 <input type="checkbox"/> Refused
1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No
3 <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Don't know
4 <input type="checkbox"/> Refused	4 <input type="checkbox"/> Refused	4 <input type="checkbox"/> Refused	4 <input type="checkbox"/> Refused
1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No
3 <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Don't know
4 <input type="checkbox"/> Refused	4 <input type="checkbox"/> Refused	4 <input type="checkbox"/> Refused	4 <input type="checkbox"/> Refused
1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No
3 <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Don't know
4 <input type="checkbox"/> Refused	4 <input type="checkbox"/> Refused	4 <input type="checkbox"/> Refused	4 <input type="checkbox"/> Refused
1 <input type="checkbox"/> At the shelter	1 <input type="checkbox"/> At the shelter	1 <input type="checkbox"/> At the shelter	1 <input type="checkbox"/> At the shelter
2 <input type="checkbox"/> At a day care center	2 <input type="checkbox"/> At a day care center	2 <input type="checkbox"/> At a day care center	2 <input type="checkbox"/> At a day care center
3 <input type="checkbox"/> To friends/relatives	3 <input type="checkbox"/> To friends/relatives	3 <input type="checkbox"/> To friends/relatives	3 <input type="checkbox"/> To friends/relatives
4 <input type="checkbox"/> Don't know	4 <input type="checkbox"/> Don't know	4 <input type="checkbox"/> Don't know	4 <input type="checkbox"/> Don't know
5 <input type="checkbox"/> Refused	5 <input type="checkbox"/> Refused	5 <input type="checkbox"/> Refused	5 <input type="checkbox"/> Refused

5-5

SECTION 6: EMPLOYMENT

The next few questions ask about work.

74. Did you do any PAID work at all during the last 30 days (ANY THING THAT BRINGS IN MONEY)?	1__ Yes 2__ No 3__ Don't Know 4__ Refused <div style="float: right;">(SKIP TO Q. 77a)</div>
75. Is this work...? (READ CATEGORIES AND MARK (X) ONLY ONE RESPONSE.)	1__ A job you have had for three months or more with the same employer? 2__ A job you have had for less than 3 months, but you expect to continue for 3 or more months 3__ A temporary job (one you expect to last less than 3 months) 4__ A day job, pick-up (one that lasts only a few hours, or one or two days) 5__ Peddling (selling books, clothes, other items on the street) or collecting cans and bottles to exchange for money 6__ Other (SPECIFY: _____) 7__ Don't Know 8__ Refused <div style="float: right;">(SKIP TO Q. 77a)</div>
76. During the last 30 days, how many hours did you usually work per week in paid employment in all full- or part-time jobs, including day labor?	1__ Usual number of hours per week 2__ Don't Know 3__ Refused <div style="float: right;">(SKIP TO Q. 78)</div>
77a. When did you last work for pay at a regular job or business, either full- or part-time?	1__ Within past week 2__ Within past 6 months 3__ Within past 7 months to a year ago 4__ 1 to 2 years ago 5__ 2 to 3 years ago 6__ 3 to 4 years ago 7__ 4 to 5 years ago 8__ 5 or more years ago 9__ Never worked <div style="float: right;"> (GO TO Q. 77b) (SKIP TO Q. 77c) </div>
77b. Why did you leave that job?	1__ Personal, family (Incl. pregnancy) or school 2__ Health 3__ Retirement or old age 4__ Seasonal job completed 5__ Slack work or business conditions, laid off 6__ Temporary - nonseasonal job completed 7__ Unsatisfactory work arrangements (hours, pay, etc.) 8__ Other (SPECIFY: _____)
77c. Do you want a regular job now, either full- or part-time?	1__ Yes 2__ Maybe - it depends 3__ No 4__ Don't Know

78a. Are you looking for work now?	1__ Yes-----> (SKIP TO Q.79) 2__ No
78b. What are the reasons you are not looking for work? (MARK (X) ALL THAT APPLY.)	1__ Believes no work available in line of work or area 2__ Couldn't find any work 3__ Lacks necessary schooling, training, skills or experience 4__ Ill health, physical disability 5__ Can't arrange child care 6__ Family responsibilities 7__ In school or other training 8__ Other (SPECIFY: _____) 9__ Don't Know
79. If Never marked in Q.77a, skip to Q.80. Since you were 16 years old, how much of your life have you had a job or done some work for pay?	1__ All or almost all of the time 2__ About 3/4 of the time 3__ About half of the time 4__ About 1/4 of the time 5__ Almost none of the time

SECTION 7: SOURCES OF INCOME AND SERVICE USE

The next few questions ask about your income, and about your use of certain government programs and services.

80. Have you received any money from any of these sources in the last month? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)	1__ Steady Employment 2__ Day Labor 3__ Aid to Families with Dependent Children (AFDC) 4__ General Assistance (CA, PA, HR, GR) 5__ Social Security (old age, survivors, and retirement) 6__ Social Security Disability Insurance (SSDI) 7__ Supplemental Security Income (SSI) 8__ Veteran's Disability Payments 9__ Veteran's Pension (not disability related) 10__ Other pensions 11__ Private Disability Insurance 12__ Unemployment Compensation 13__ Spouse 14__ Parents 15__ Other Relatives 16__ Friends (includes boyfriends or girlfriends) 17__ Sale of personal belongings 18__ Asking for money on the streets 19__ Blood or plasma center 20__ Illegal activities 21__ Other (SPECIFY: _____)	
81. Over the last 30 days, what was your total income from ALL sources? (MARK CATEGORY ONLY IF RESPONDENT CANNOT REPORT TOTAL INCOME.)	\$ _____ 1__ Less than \$100 2__ \$100 to 299 3__ \$300 to 499 4__ \$500 to 699 5__ \$700 to 799 6__ \$1,000 to 1,199 7__ \$1,200 to 1,499 8__ \$1,500 to 1,999 9__ \$2,000 to 2,499 10__ \$2,500 to 2,999 11__ \$3,000 or more 12__ Don't know 13__ Refused	
82a. Do you receive food stamps now?	1__ Yes 2__ No 3__ Don't know 4__ Refused	82b. If yes in Q.82a, ask – How much do you get each month in food stamps? \$ _____
Check Item 15: ARE ITEMS 3 THRU 9 MARKED IN Q.80, OR Q.82a MARKED "YES"?	1__ Yes 2__ No (SKIP TO Q.84)	
FR INSTRUCTION – Mark Q.83a and b "Yes" for each corresponding benefit program.		

83a. I'm going to read you a list of government benefit programs. Have you ever applied for...?		83b. If all "NO" in Q.83a, skip to Q.84. If "YES" in Q.83a, ask – Did you ever receive benefits?	83c. If Q.34 marked "NO", skip to Q.84. If "YES" in Q.83b, ask – Were you getting money from (program) when you had to leave the last permanent place you stayed?	83d. If "YES" in Q.83c., ask – Were you cut off from (program) within the year before you had to leave the last permanent place you stayed?	83e. If "YES" in Q.83d., ask – Why were you cut off from (program)?
Aid to Families with Dependent Children	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	3 ___ Don't know
Food stamps	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	3 ___ Don't know
General assistance	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	3 ___ Don't know
Supplemental Security Income	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	3 ___ Don't know
Social Security Disability Income	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	3 ___ Don't know
84a. Now I am going to ask you about another list of services. Which of the following services have you used in the last month? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)		1 ___ Free or almost free clothing 2 ___ Drop-in centers 3 ___ Free public transportation (e.g. bus, subway, or cab tokens) 4 ___ Day care 5 ___ Counseling (for employment, parenting, self-esteem, – not mental health) 6 ___ Outreach program for homeless people (people come to you to hand out food, blankets, see if you're okay, offer help) 7 ___ Free school breakfasts and/or lunches 8 ___ WIC (Women, Infants, and Children nutrition program) 9 ___ Other (SPECIFY: _____) 10 ___ Refused			
84b. When was the last time you used one of these services?		1 ___ Today 2 ___ # of days ago (if within the past week, enter the number of days) 3 ___ # of weeks ago (if within the past month, enter the number of weeks) 4 ___ # of months ago (if within the past year, enter the number of months) 5 ___ 13 or more months ago 6 ___ Never 7 ___ Don't know 8 ___ Refused			
84c. Which service was it?		1 ___ Free or almost free clothing 2 ___ Drop-in centers 3 ___ Free public transportation (e.g. bus, subway, or cab tokens) 4 ___ Day care 5 ___ Counseling (for employment, parenting, self-esteem, – not mental health) 6 ___ Outreach program for homeless people (people come to you to hand out food, blankets, see if you're okay, offer help) 7 ___ Free school breakfasts and/or lunches 8 ___ WIC (Women, Infants, and Children nutrition program) 9 ___ Other (SPECIFY: _____) 10 ___ Refused			
Check Item 16: ARE RESPONDENTS 18 YEARS OR YOUNGER?		___ Yes (SKIP to Q.90) ___ No			

SECTION 8: VETERAN STATUS

The next questions ask about experiences in the armed services.

85. Excluding any time you may have served for training or other purposes in the Reserves or National Guard, have you ever served on active duty in the United States Armed Forces?

1 ☐ Yes, active duty2 ☐ No3 ☐ Don't Know4 ☐ Refused

(SKIP TO Q. 90)

86. In total, how many years of active military duty service have you had?

1 _____ Years

87. Were you ever stationed in a war zone?

1 ☐ Yes2 ☐ No

88. During your military service, were you ever in or exposed to combat?

1 ☐ Yes2 ☐ No3 ☐ Don't know4 ☐ Refused

89. Have you ever used a medical facility that was operated by the VA for overnight hospital care, outpatient visits, or for nursing home, convalescent home, or admissions for long-term care?

1 ☐ Yes2 ☐ No3 ☐ Don't know4 ☐ Refused

SECTION 9: FOOD INTAKE

These questions ask about the food you eat and where you get your food.

<p>90. Which of the following best describes your situation in terms of food you eat...? READ CATEGORIES AND MARK (X) ONE ANSWER.)</p>	<p>1__ Get enough of the kinds of foods you want to eat 2__ Get enough, but not always what you want to eat 3__ Sometimes not enough to eat 4__ Often not enough to eat 5__ Don't know 6__ Refused</p>
<p>91. How many times do you usually eat in a day?</p>	<p>1__ Less than once per day 2__ Once per day 3__ Twice per day 4__ Three times per day 5__ Four times per day 6__ Five times per day 7__ More than five times per day 8__ Don't know 9__ Refused</p>
<p>92. In the last seven days, since last (DAY OF INTERVIEW), did you go a whole day without anything at all to eat?</p>	<p>1__ Yes 2__ No 3__ Don't Know 4__ Refused</p> <p>(SKIP TO Q.94)</p>
<p>93. How many days last week did you go without anything to eat for the whole day?</p>	<p>1__ Number of days 2__ Don't Know 3__ Refused</p>
<p>94a. Have you ever eaten in a soup kitchen or gotten food from a pantry?</p>	<p>1__ Yes 2__ No 3__ Don't know 4__ Refused</p> <p>(SKIP TO Q.96)</p>
<p>94b. When was the last time you ate at a soup kitchen or got food from a food pantry?</p>	<p>1__ Today 2__ # of days ago(within the past week, enter the number of days) 3__ # of weeks ago(if within the past month, enter the number of weeks) 4__ # of months ago(if within the past year, enter the number of months) 5__ More than a year ago 6__ Never 7__ Don't know 8__ Refused</p>

<p>95a. Over the last seven days, that is, since last (DAY OF INTERVIEW), on which days did you get food from the following places? (READ CATEGORIES.)</p>	<p>1 In my own house, apartment, or room (includes foster and group homes)</p> <p>2 Soup kitchens (including free bag lunches and dinner)</p> <p>3 Shelter where you live (shelter provides)</p> <p>4 Shelter where you live (you cook)</p> <p>5 Food pantry</p> <p>6 Food wagon (free food)</p> <p>7 Street vendor (you pay)</p> <p>8 Friend's or relative's place</p> <p>9 Grocery store</p> <p>10 Restaurant where you pay</p> <p>11 Restaurant (back door, handouts)</p> <p>12 Handouts from people passing by</p> <p>13 Trash cans</p> <p>14 Other (SPECIFY: _____)</p> <p>15 Refused</p>	Su	M	T	W	Th	F	Sa
<p><i>(Because people may get food from several different sources during any single day, these numbers do not have to add up to 7 and probably will not.)</i></p>								
<p>95b. (Ask if soup kitchen marked in Q.94a or Q.95a) Can you tell me the names of the soup kitchens you have used in the last 7 days?</p>								

SECTION 10: CURRENT PHYSICAL HEALTH

The next questions ask about your health and medical care.

<p>96. Do you have any of the following medical conditions...? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)</p>	<p>1__ Sugar in your blood (diabetes) 2__ Anemia (poor blood) 3__ High blood pressure 4__ Heart disease/stroke 5__ Problems with your liver 6__ Arthritis, rheumatism, joint problems 7__ Chest infection, cold, cough, bronchitis 8__ Pneumonia 9__ Tuberculosis 10__ Skin disease, skin infection, skin sores, skin ulcers 11__ Lice, scabies, other similar infestations 12__ Cancer 13__ Problem walking, lost limb, other handicap 14__ Gonorrhea, syphilis, herpes, chlamydia, other STDs (NOT AIDS) 15__ Test positive for HIV 16__ Have AIDS 17__ Use drugs intravenously (shoot up) 18__ Other (SPECIFY: _____) 19__ None 20__ Don't Know 21__ Refused</p>
<p>97. When was the last time you were examined or treated by a physician/doctor for physical health problems, including routine checkups?</p>	<p>1__ Within the past 12 months 2__ 1-2 years ago 3__ More than 2 years ago 4__ Never 5__ Don't Know (SKIP TO Q.102) 6__ Refused</p>
<p>98. Who paid for your visit?</p>	<p>1__ I paid myself 2__ Health Care for the Homeless clinic 3__ Migrant health care facility 4__ Other free clinic 5__ Veteran's Administration (VA) 6__ Medicaid/Welfare/Public Insurance 7__ Private insurance 8__ No one paid bill 9__ Other (SPECIFY: _____) 10__ Don't Know 11__ Refused</p>

99. In the last year, have you gotten medical care from any of the following places? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)	Yes	No	Don't Know	Refused
Outpatient Care				
a. A hospital clinic	1__	2__	3__	4__
b. A hospital emergency room	1__	2__	3__	4__
c. A VA clinic	1__	2__	3__	4__
d. A community health clinic	1__	2__	3__	4__
e. A migrant health care facility	1__	2__	3__	4__
f. A clinic or doctor in a shelter or soup kitchen (Health Care for the Homeless)	1__	2__	3__	4__
g. A doctor or nurse visiting you on the street	1__	2__	3__	4__
h. A private doctor's office (not in a hospital or clinic)	1__	2__	3__	4__
Inpatient Care				
i. A VA hospital as an inpatient	1__	2__	3__	4__
j. Any other hospital as an inpatient	1__	2__	3__	4__
100. All together, how many times have you received medical treatment in the past year, from all sources combined?	1__ Never 2__ Once 3__ 2-3 times 4__ 4-10 times 5__ 11 or more times 6__ Don't know 7__ Refused			
Check Item 17: ARE ALL RESPONSES IN Q.99 MARKED NO AND Q.100 MARKED 2 - 5?	__ Yes (REASK Q.100 TO RESOLVE DISCREPANCIES) __ No			
101. Are you able to take any medicines that have been prescribed for you as your doctor directed? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)	1__ Yes, always take as directed 2__ Sometimes run out and do not refill prescription when I should 3__ Sometimes lose medicine 4__ Sometimes forget to take medicine 5__ Other deviation (SPECIFY: _____) 6__ Not supposed to be taking any medicines, so question irrelevant 7__ Don't know 8__ Refused			
102. Have you needed to see a doctor in the last year but not been able to?	1__ Yes 2__ No 3__ Don't Know 4__ Refused			
103. What do you do when you are sick and cannot see a doctor? (MARK (X) ALL THAT APPLY.)	1__ Nothing 2__ Buy aspirin or other remedies at a drugstore 3__ Borrow medicine from a friend 4__ Get medicine at a shelter 5__ Other (SPECIFY: _____) 6__ Don't know 7__ Refused			

104. When was the last time you were treated by a dentist for problems with your teeth or gums?	1__ Within the past 12 months 2__ Number of years ago 3__ Never 4__ Don't Know (SKIP TO Q.106) 5__ Refused
105. Who paid for your visit?	1__ I paid myself 2__ Health Care for the Homeless clinic 3__ Migrant health care facility 4__ Other free clinic 5__ Veteran's Administration (VA) 6__ Medicaid/Welfare/Public Insurance 7__ Private insurance 8__ No one paid bill 9__ Other (SPECIFY: _____) 10__ Don't Know 11__ Refused
106. Have you needed to see a dentist in the last year but not been able to ?	1__ Yes 2__ No 3__ Don't Know 4__ Refused
107. Are you currently on medical assistance? (e.g. Medicaid, MediCal, Medically Needy, public assistance medical care)	1__ Yes 2__ Not yet, but applied 3__ No 4__ Don't Know 5__ Refused
108. (Ask only if children with respondent) When was the last time your child(ren) was/were examined or treated by a physician/doctor for physical health problems, including routine checkups?	1__ Within the past 12 months 2__ 1-2 years ago 3__ More than 2 years ago 4__ Never 5__ Don't Know (SKIP TO Q.112) 6__ Refused
109. Who paid for their visit?	1__ I paid myself 2__ Health Care for the Homeless clinic 3__ Migrant health care facility 4__ Other free clinic 5__ Veteran's Administration (VA) 6__ Medicaid/Welfare/Public Insurance 7__ Private insurance 8__ No one paid bill 9__ Other (SPECIFY: _____) 10__ Don't Know 11__ Refused

110. In the last year, has/have your child(ren) received medical care from any of the following places...? (READ CHOICES AND MARK (X) ALL THAT APPLY.)					
Outpatient Care a. A hospital clinic b. A hospital emergency room c. A community health clinic d. A migrant health care facility e. A clinic or doctor in a shelter or soup kitchen (Health Care for the Homeless) f. A doctor or nurse visiting you on the street g. A private doctor's office (not in a hospital or clinic)	Yes 1__ 1__ 1__ 1__ 1__ 1__ 1__	No 2__ 2__ 2__ 2__ 2__ 2__ 2__	Don't Know 3__ 3__ 3__ 3__ 3__ 3__ 3__	Refused 4__ 4__ 4__ 4__ 4__ 4__ 4__	
Inpatient Care h. Any hospital as an inpatient	1__	2__	3__	4__	
111. Are they able to take any medicines that have been prescribed for them as their doctor directed? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)	1__ Yes, always take as directed 2__ Sometimes run out and do not refill prescription when I should 3__ Sometimes lose medicine 4__ Sometimes forget to take medicine 5__ Other deviation (SPECIFY: _____) 6__ Not supposed to be taking any medicines, so question irrelevant 7__ Don't know 8__ Refused				
112. Have they needed to see a doctor in the last year but not been able to?	1__ Yes 2__ No 3__ Don't Know 4__ Refused				
113. What do you do when they are sick and cannot see a doctor? (MARK (X) ALL THAT APPLY.)	1__ Nothing 2__ Buy aspirin or other remedies at a drugstore 3__ Borrow medicine from a friend 4__ Get medicine at a shelter 5__ Take them to a doctor or clinic 6__ Other (SPECIFY: _____) 7__ Don't know 8__ Refused				
114. When was the last time your child(ren) was/were treated by a dentist for problems with their teeth or gums?	1__ Within the past 12 months 2__ Number of years ago 3__ Never 4__ Don't Know 5__ Refused <div style="text-align: right;">(SKIP TO Q.116)</div>				

115. Who paid for their visit?	1__ I paid myself 2__ Health Care for the Homeless clinic 3__ Migrant health care facility 4__ Other free clinic 5__ Veteran's Administration (VA) 6__ Medicaid/Welfare/Public Insurance 7__ Private insurance 8__ No one paid bill 9__ Other (SPECIFY: _____) 10__ Don't Know 11__ Refused
116. Have they needed to see a dentist in the last year but not been able to ?	1__ Yes 2__ No 3__ Don't Know 4__ Refused
117. Are they currently on medical assistance? (e.g. Medicaid, MediCal, Medically Needy, public assistance medical care)	1__ Yes 2__ Not yet, but applied 3__ No 4__ Don't Know 5__ Refused

SECTION 11: VICTIMIZATION AND IMPRISONMENT

The next questions ask about things that have happened to you.

118. Have you ever in your lifetime:	Yes	No	Don't Know	Refused
a. Spent more than five days in a city or county jail	1__	2__	3__	4__
b. Served time in state or federal prison	1__	2__	3__	4__
c. Spent time in juvenile detention before you were 18	1__	2__	3__	4__

Check Item 18: SKIP TO Q.120 IF RESPONDENT HAS NEVER BEEN HOMELESS.

119. While you were (homeless/without permanent housing) did anyone ever do any of the following to you:	Yes	No	Don't Know	Refused
a. Steal money or things directly from you, while you were there	1__	2__	3__	4__
b. Steal money or things from your bags, locker, etc. (while you were gone)	1__	2__	3__	4__
c. Physically assault you, beat you up	1__	2__	3__	4__
d. Sexually assault you, rape you	1__	2__	3__	4__

120. From the time you were a baby until you were 16, did anyone you live with (parent, step-parent, brother or sister, step-brother or -sister, parent's boy or girlfriend, etc.), ever...?	Yes	No	Don't Know	Refused
a. Leave you without adequate food or shelter	1__	2__	3__	4__
b. Physically abuse you, to cause physical injury	1__	2__	3__	4__
c. Force you or pressure you to do sexual acts that you did not want to do	1__	2__	3__	4__

SECTION 12: MENTAL HEALTH

121a. Have you ever had a significant period (that was not a direct result of drug/alcohol use), in your life in which you have...? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)			121b. If All NO In Q.121a, skip to Q.127. If yes in 121a, ask – How recently did you experience (read items...)?
1 Experienced serious depression 2 Experienced serious anxiety or anxiety or tension 3 Experienced hallucinations 4 Experienced trouble understanding, concentrating or remembering 5 Experienced trouble controlling violent behavior 6 Experienced serious thoughts of suicide 7 Attempted suicide 8 Taken prescribed medication for any psychological/emotional problem	Yes _____ _____ _____ _____ _____ _____ _____	No _____ _____ _____ _____ _____ _____ _____	(USE CODES BELOW TO ANSWER 121b.) 1 = Within the past 30 days 2 = 1-6 months ago 3 = 7-12 months ago 4 = 13-24 months ago 5 = 25- 48 months ago (3-4 years) 6 = 4 or more years 7 = Don't know 99 = Refused
122. In the past 30 days, on how many days have you had these psychological or emotional problems?	1__ Number of days 2__ None 3__ Don't know 4__ Refused (SKIP TO Q.125)		
123. (SHOW FLASHCARD) During the past 30 days, how much have you been troubled or bothered by these psychological or emotional problems? (MARK (X) ONLY ONE)	1__ Not at all 2__ Slightly (a little) 3__ Moderately 4__ Considerably 5__ Extremely 6__ Don't know 7__ Refused		
124. (SHOW FLASHCARD) How important to you now is treatment or counseling for these psychological problems?	1__ Not at all 2__ Slightly (a little) 3__ Moderately 4__ Considerably 5__ Extremely 6__ Don't know 7__ Refused		
125a. Have you ever received outpatient treatment or counseling for emotional or mental problems (from a clinic, or a private doctor)?	1__ Yes 2__ No 3__ Don't Know 4__ Refused (SKIP TO Q.126)		
125b. (DO NOT ASK IF Q.34 MARKED NO) Was that before or after you were (homeless/without permanent housing) for the first time?	1__ Before 2__ After 3__ Don't know 4__ Refused		

125c. When was the last time you received OUTPATIENT treatment or counseling for emotional or mental problems?	1__ 0-4 weeks ago 2__ 1-6 months ago 3__ 7-12 months ago 4__ 13-24 months ago (1-2 years) 5__ More than 2 years ago 6__ Don't know 7__ Refused
126a. Have you ever been HOSPITALIZED for emotional or mental problems?	1__ Yes 2__ No 3__ Don't know 4__ Refused
	(SKIP TO Q. 127)
126b. (DO NOT ASK IF Q.34 MARKED NO.) Was that before or after you were (homeless/without permanent housing) for the first time?	1__ Before 2__ After 3__ Don't know 4__ Refused
126c. When was the last time you were hospitalized for emotional or mental problems?	1__ 0-4 weeks ago 2__ 1-6 months ago 3__ 7-12 months ago 4__ 13-24 months ago (1-2 years) 5__ More than 2 years ago 6__ Don't know 7__ Refused

SECTION 13: CHEMICAL DEPENDENCY

These questions ask about alcohol and drug use.

127a. During your lifetime, have there been times when you have used...? - Alcohol 3 or more times a week - Alcohol to get drunk 3 or more times a week	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Yes	No	_____	_____	_____	_____
Yes	No						
_____	_____						
_____	_____						
127b. IF ALL NO IN Q.127a, SKIP TO Q.140. If yes in Q.127a, ask - When was the most recent time you used...? - Alcohol 3 or more times a week - Alcohol to get drunk 3 or more times a week	<table border="1"> <thead> <tr> <th>Code</th> </tr> </thead> <tbody> <tr> <td>_____</td> </tr> <tr> <td>_____</td> </tr> </tbody> </table> <div style="margin-left: 20px;"> (USE CODES BELOW TO ANSWER Q.127b.) 1 = Within the past 30 days 2 = 1-6 months ago 3 = 7-12 months ago 4 = 13-24 months ago 5 = 25-48 months ago (3-4 years) 6 = 4 or more years 7 = Don't know 99 = Refused </div>	Code	_____	_____			
Code							

Check Item 19: IS ALCOHOL MARKED Code 1 IN Q.127b?	___ Yes ___ No (Skip to Q.133)						
128. In the past 30 days, on how many days did you use alcohol?	___ Number of days						
129. In the past 30 days, on how many days did you experience alcohol problems, including cravings for alcohol, adverse effects from alcohol, withdrawal symptoms from alcohol, or the desire but inability to stop drinking alcohol (do not include inability to find alcohol)?	___ Number of days						
130. During the past 30 days, how much money did you spend on alcohol?	\$ _____, _____						
131. (SHOW FLASHCARD) In the past 30 days, how troubled or bothered were you by alcohol problems?	1___ Not at all 2___ Slightly (a little) 3___ Moderately 4___ Considerably 5___ Extremely 6___ Don't know 7___ Refused						
132. (SHOW FLASHCARD) How important to you is treatment for alcohol problems that you are not now getting? (need for alcohol-related treatment, not general therapy.)	1___ Not at all 2___ Slightly (a little) 3___ Moderately 4___ Considerably 5___ Extremely 6___ Don't know 7___ Refused						

133. Because of drinking have you ever...? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>Don't Know</th> <th>Refused</th> </tr> </thead> <tbody> <tr> <td>1__</td> <td>2__</td> <td>3__</td> <td>4__</td> </tr> <tr> <td>1__</td> <td>2__</td> <td>3__</td> <td>4__</td> </tr> <tr> <td>1__</td> <td>2__</td> <td>3__</td> <td>4__</td> </tr> <tr> <td>1__</td> <td>2__</td> <td>3__</td> <td>4__</td> </tr> <tr> <td>1__</td> <td>2__</td> <td>3__</td> <td>4__</td> </tr> <tr> <td>1__</td> <td>2__</td> <td>3__</td> <td>4__</td> </tr> <tr> <td>1__</td> <td>2__</td> <td>3__</td> <td>4__</td> </tr> </tbody> </table>	Yes	No	Don't Know	Refused	1__	2__	3__	4__	1__	2__	3__	4__	1__	2__	3__	4__	1__	2__	3__	4__	1__	2__	3__	4__	1__	2__	3__	4__	1__	2__	3__	4__
Yes	No	Don't Know	Refused																														
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a. Lost consciousness, passed out? b. Had blackouts where you don't remember things? c. Experienced tremors or shaking? d. Experienced seizures, convulsions? e. Attended a meeting of Alcoholics Anonymous? f. Not been able to stop drinking when you wanted to? g. Has drinking ever created problems between you and your wife, husband, parent, or other near relative? h. Been arrested, even for a few hours, because of behavior due to drinking (e.g., drunk driving, getting in fights, being "drunk and disorderly")?																																	
134. How old were you when you first started drinking heavily?	1__ Age 2__ Never drank heavily 3__ Don't know 4__ Refused																																
135. In your lifetime, how many times have you been treated for alcohol abuse?	1__ Never ----> (SKIP TO Q.140) 2__ Number of times 3__ Too many to remember 4__ Don't know 5__ Refused																																
136a. Have you ever received INPATIENT treatment, (including detox) for problems with alcohol?	1__ Yes 2__ No 3__ Don't know -----> (SKIP TO Q.138) 4__ Refused																																
136b. If yes in Q.136a, Was it a...? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)	1__ Hospital based detox 2__ Other inpatient detox 3__ Hospital based inpatient other than detox 4__ Jail or prison program 5__ Therapeutic community 6__ Halfway House 7__ Juvenile Treatment Program 8__ Other short-term residential 9__ Other long-term residential 10__ Other (SPECIFY: _____) 11__ Does not recall type of treatment 12__ Don't know 13__ Refused																																
137. How long ago was the last of these inpatient treatments (including detox) for alcohol problems?	1__ Within the past month 2__ At least 1 month but less than 6 months ago 3__ At least 6 months but less than 12 months ago 4__ At least 1 year but less than 2 years ago 5__ At least 2 years ago 6__ Don't know 7__ Refused																																

138a. Have you ever received OUTPATIENT treatment for problems with alcohol?	1__ Yes 2__ No 3__ Don't know 4__ Refused <div style="text-align: right;">-----> (SKIP TO Q.140)</div>
138b. If yes in Q.138a, Was it a ...? (Read ALL categories and mark (X) all that apply.)	1__ Outpatient detoxification 2__ Outpatient alcohol free 3__ Employee assistance program 4__ Individual counselor, psychologist, or psychiatrist 5__ Alcoholic Anonymous 6__ Other self-help group 7__ Other (SPECIFY _____) 8__ Does not recall type of treatment 9__ Don't know 10__ Refused
139. How long ago was the last of these outpatient treatments (including detox) for alcohol problems?	1__ Within the past month 2__ At least 1 month but less than 6 months ago 3__ At least 6 months but less than 12 months ago 4__ At least 1 year but less than 2 years ago 5__ At least 2 years ago 6__ Don't know 7__ Refused

<p>140a. During your lifetime, have there been times when you used (name drug) regularly? (Regular use is a frequency of 3 or more times per week.)</p>	<p>140b. If all NO in Q.140a, End Interview and thank respondent.</p>	<p>140c. If NO drugs marked code 1 in Q.140b, skip to Q.144.</p>																																																					
	<p>If YES in Q.140a ask, When was the most recent time you used (name drug) regularly?</p>	<p>(For each drug with code 1, in Q.140b, ask), In the past 30 days, on how many days did you use...?</p>																																																					
	<p>Use codes below to answer Q.140b.</p> <p>1 = Within the past 30 days 2 = 1-6 months ago 3 = 7-12 months ago 4 = 13-24 months ago 5 = 25-48 months ago (3-4 years) 6 = 4 or more years 7 = Don't know 99 = Refused</p>																																																						
<ul style="list-style-type: none"> - Marijuana (pot/grass/reefer/THC) - Inhalants (glue, amyl nitrite, poppers aerosol sprays) - Crack - Cocaine (other than crack) - Heroin - Methadone - Stimulants (amphetamines, Preludin, methamphetamines, uppers, speed) - Other opiates/analgesics (Darvon, Demerol, Talwin, Talacen) - Barbiturates (downers) - Other sedatives (sleeping pills, Seconal) - Hypnotics/tranquilizers (Librium, Vallium, benzodiazepine) - Hallucinogens (LSD, PCP, peyote, mescaline, ecstasy) - Any drug, not including alcohol as a drug 	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>Code</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table>	Yes	No	Code																																					<table border="1"> <thead> <tr> <th>Number of days</th> </tr> </thead> <tbody> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </tbody> </table>	Number of days													
	Yes	No	Code																																																				
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141. In the past 30 days, on how many days did you experience drug problems, including cravings for drugs, adverse effects from drugs, withdrawal symptoms from drugs, or the desire but inability to stop taking drugs (do not include inability to find drugs)?	1__ Not at all 2__ Slightly (a little) 3__ Moderately 4__ Considerably 5__ Extremely 6__ Don't know 7__ Refused				
142. (SHOW FLASHCARD) In the past 30 days, how troubled or bothered were you by drug problems?	1__ Not at all 2__ Slightly (a little) 3__ Moderately 4__ Considerably 5__ Extremely 6__ Don't know 7__ Refused				
143. (SHOW FLASHCARD) How important to you is treatment for drug problems that you are not now getting? (need for drug-related treatment, not general therapy.)	1__ Not at all 2__ Slightly (a little) 3__ Moderately 4__ Considerably 5__ Extremely 6__ Don't know 7__ Refused				
144. In your lifetime: a. Have you abused more than one drug at a time? b. Have you had "blackouts" or "flashbacks" as a result of drug use? c. Do your friends or relatives know or suspect you abuse drugs? d. Have you ever lost friends because of your use of drugs? e. Have you ever neglected your family or missed work because of your use of drugs? f. Have you engaged in illegal activities in order to obtain drugs? g. Have you ever experienced withdrawal symptoms as a result of heavy drug intake? h. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	Yes 1__ 1__ 1__ 1__ 1__ 1__ 1__ 1__	No 2__ 2__ 2__ 2__ 2__ 2__ 2__	Don't Know 3__ 3__ 3__ 3__ 3__ 3__ 3__	Refused 4__ 4__ 4__ 4__ 4__ 4__ 4__	

145. How old were you when you first started doing drugs heavily?	1__ Age 2__ Never used drugs heavily 3__ Don't know 4__ Refused
146. In your lifetime, how many times have you been treated for drug abuse? (If treated for both alcohol and drug problems during the same treatment, count it twice, in both places.)	1__ Never ----> (END INTERVIEW AND THANK RESPONDENT) 2__ Number of times 3__ Too many to remember 4__ Don't know 5__ Refused
147a. Have you ever received INPATIENT treatment, (including detox) for problems with drugs?	1__ Yes 2__ No 3__ Don't know ----- (SKIP TO Q. 149a.) 4__ Refused
147b. If yes in Q.147a, Was it a...? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)	1__ Hospital based detox 2__ Other inpatient detox 3__ Hospital based inpatient other than detox 4__ Jail or prison program 5__ Therapeutic community 6__ Halfway House 7__ Juvenile Treatment Program 8__ Other short-term residential 9__ Other long-term residential 10__ Other (SPECIFY: _____) 11__ Does not recall type of treatment 12__ Don't know 13__ Refused
148. How long ago was the last of these inpatient treatments (including detox) for drug problems?	1__ Within the past month 2__ At least 1 month but less than 6 months ago 3__ At least 6 months but less than 12 months ago 4__ At least 1 year but less than 2 years ago 5__ At least 2 years ago 6__ Don't know 7__ Refused

149a. Have you ever received OUTPATIENT treatment for problems with drugs?	1__ Yes 2__ No 3__ Don't know ——— Skip to Q. 151a. 4__ Refused
149b. If yes in Q.149a, Was it a...? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)	1__ Outpatient detoxification 2__ Methadone detoxification 3__ Methadone maintenance 4__ Other outpatient detoxification 5__ Outpatient drug free program 6__ Employee assistance program 7__ Individual counselor, psychologist, or psychiatrist 8__ Narcotics Anonymous 9__ Other self-help group 10__ Other (SPECIFY: _____) 11__ Does not recall type of treatment 12__ Don't know 13__ Refused
150. How long ago was the last of these outpatient treatments (including detox) for drug problems?	1__ Within the past month 2__ At least 1 month but less than 6 months ago 3__ At least 6 months but less than 12 months ago 4__ at least 1 year but less than 2 years ago 5__ At least 2 years ago 6__ Don't know 7__ Refused

151a. Can you tell us any general thoughts or comments on the availability and quality of services in your area?

151b. Are there programs of services that you think need to be changed?

_____ no

_____ yes, Generally speaking, what changes do you think are needed? _____

END OF INTERVIEW

SECTION 14: INTERVIEWER OBSERVATIONS

151. Please assess the overall ability of the respondent to answer these questions.

152. Did respondent appear to be (MARK (X) ALL THAT APPLY.)

- 1__ Drunk
 2__ Under the influence of drugs
 3__ Physically ill
 4__ Confused
 5__ Incoherent
 6__ Dirty and unwashed
 7__ Shabbily dressed
 8__ Carrying packages with personal belongings
 9__ Lucid and alert
 10__ Other (SPECIFY: _____)

153. Where was interview conducted?

- 1__ Shelter
 2__ Meal provider (no shelter), Soup Kitchen
 3__ Sidewalk, street, or alley
 4__ Park
 5__ In public access building (e.g. bus or train station, lobby of apartment, bar, theatre, etc.)
 6__ Parking lot
 7__ Other (SPECIFY: _____)

154. Interviewer comments.

155. For incompletes or refusals, indicate why the respondent stopped the interview or refused to participate.

156. If age not reported on cover page, estimate respondent's approximate age?

- 1__ Under 18 years
 2__ 18 to 30 years
 3__ 31 to 50 years
 4__ 51 to 65 years
 5__ 65 years and over
 6__ Don't know

DRAFT**Attachment I****AGREEMENT BETWEEN _____ AND THE
(Provider Facility Name)****UNITED STATES BUREAU OF THE CENSUS****TEST SURVEY OF HOMELESS PERSONS WHO USE SERVICES****Background**

The United States Bureau of the Census (Census Bureau) plans to conduct a survey of homeless persons who use the services of the (_____), hereinafter
(Provider Facility Name)

called the Provider during April 1-15, 1995, and will interview users at the Provider's location(s).

The Provider will furnish the Census Bureau with interviewing space and assist in the distribution of payments to interviewees.

Terms

The Provider and the CENSUS BUREAU AGREE that:

1. The Provider will meet with Census Bureau Regional staff at least (7) days prior to initiation of the survey to discuss and agree upon arrangements for conduction interviews. The arrangements will include items such as, the number of days that the Census Bureau survey staff will visit the Provider's facilities, and the schedule of interview times.
2. The Provider will have its facility(ies) open and available to the Census Bureau survey staff during the scheduled interview times and have a Provider staff member present during those times.
3. The Provider will furnish the specified accommodations for conducting interviews. These include a separate room, (6) chairs, (3) tables, and sufficient lighting suitable for reading. These accommodations may be revised if other suitable arrangements can be provided.
4. Interviewees will receive a one-time \$10.00 payment. The Provider agrees to pay the interviewees upon completion of the interviews, and upon presentation of payment slips as provided to the interviewee by the interviewer. The Provider further agrees to collect and return all payment slips to the designated Census Regional office.

5. If the Provider operates any outreach program(s) and the Census Bureau decides to conduct interviews at those locations, the Provider will furnish at least one staff member to accompany the Census Bureau survey staff, and pay each interviewee at, or near, the completion of the interview.
6. Any Provider staff members assisting with this survey, or otherwise involved with this project, shall be sworn to maintain census confidentiality.
7. After completion of all interviews at the Provider's facility(ies) and outreach locations operated by the Provider, and after all payment slips are returned and/or accounted for, the Census Bureau shall pay the fixed price of \$100.00 for the use of their facility(ies), plus \$10.00 for each returned payment slip.

(PROVIDER NAME)

by: _____
(Signature, Mgr., or
Person in Charge)

(Print Name)

Title)

Date: _____

UNITED STATES CENSUS BUREAU

by: _____
(Signature, RO Supv.)

(Print Name)

Date: _____

ATTACHMENT J

Title 12

§ 1701z-1. Research and demonstrations; authorization of appropriations; continuing availability of funds

The Secretary of Housing and Urban Development is authorized and directed to undertake such programs of research, studies, testing, and demonstration relating to the mission and programs of the Department as he determines to be necessary and appropriate. There are authorized to be appropriated to carry out this title [12 U.S.C. 1701z-1 et seq.] \$17,000,000 for fiscal year 1988, and \$18,000,000 for fiscal year 1989. All funds so appropriated shall remain available until expended unless specifically limited.

§ 1701z-2. Advanced technologies, methods, and materials for housing construction, rehabilitation, and maintenance

(a) General acceptance; costs, reduction; health and safety restrictions on expanded housing production

The Secretary shall require, to the greatest extent feasible, the employment of new and improved technologies, methods, and materials in housing construction, rehabilitation, and maintenance under programs administered by him with a view to reducing costs, and shall encourage and promote the acceptance and application of such advanced technology, methods, and materials by all segments of the housing industry, communities, industries engaged in urban development activities, and the general public. To the extent feasible, in connection with the construction, major rehabilitation, or maintenance of any housing assisted under section 1701z-1 of this title, the Secretary shall assure that there is no restraint by contract, building code, zoning ordinance, or practice against the employment of new or improved technologies, techniques, materials, and

methods or of preassembled products which may reduce the cost or improve the quality of such construction, rehabilitation, and maintenance, and therefore stimulate expanded production of housing, except where such restraint is necessary to insure safe and healthful working and living conditions.

(b) Experimental construction under approved housing plans on Federal or other lands with view toward ultimate mass housing production; use of section 1701z-1 funds and authority

To encourage large-scale experimentation in the use of new technologies, methods, and materials, with a view toward the ultimate mass production of housing and related facilities, the Secretary shall wherever feasible conduct programs under section 1701z-1 of this title in which qualified organizations, public or private, will submit plans for development and production of housing and related facilities using such new advances on Federal land which has been made available or acquired by the Secretary for the purpose of this subsection or on other lands where (1) local building regulations permit such experimental construction, or (2) necessary variances from building regulations can be granted. The Secretary may utilize the funds and authority available to him under the provisions of section 1701z-1 of this title to assist in the implementation of plans which he approves.

(c) Acquisition, use, and disposal of property; transfer of excess property

Notwithstanding any other provision of law, the Secretary is authorized, in connection with projects under this title [12 U.S.C. 1701z-1 et seq.], to acquire, use and dispose of any land and other property required for the project as he deems necessary. Notwithstanding the provisions of the Federal Property and Administrative Services Act of 1949 [40 U.S.C. 471 et seq.], any

land which is excess property within the meaning of such Act and which is determined by the Secretary to be suitable in furtherance of the purposes of subsection (b) of this section may be transferred to the Secretary upon his request.

(d) Technical assistance; reports; general dissemination and form of reports, data, and information

In order to effectively carry out his activities under section 1701z-1 of this title, the Secretary is authorized to provide such advice and technical assistance as may be required and to pay for the cost of writing and publishing reports on activities and undertakings financed under section 1701z-1 of this title, as well as reports on similar activities and undertakings, not so financed, which are of significant value in furthering the purposes of that section. He may disseminate (without regard to the provisions of section 3204 of title 39 or section 4154 of such title with respect to any period before the effective date of such section 3204 as provided in section 15(a) of the Postal Reorganization Act) any reports, data, or information acquired or held under this title [12 U.S.C. 1701z-1 et seq.], including related data and information otherwise available to the Secretary through the operation of the programs and activities of the Department of Housing and Urban Development, in such form as he determines to be most useful to departments, establishments, and agencies of Federal, State, and local governments, to industry, and to the general public.

(e) Contracts or grants; authority; advance and progress payments; work limitation

The Secretary is authorized to carry out the functions authorized in section 1701z-1 of this title either directly or, without regard to section 5 of title 41, by contract or by grant. Advance and progress payment may be made under such contracts or grants without regard to the provisions of subsections (a) and (b) of section 3324 of title 31 and such contracts or grants may be made for work to continue for not more than four years from the date thereof.

(f) Utilization of facilities of other agencies; working agreements, cooperative agreements, contract authority, receipt of funds, and exercise of section 1701c(c) powers

In carrying out activities under section 1701z-1 of this title, the Secretary shall utilize to the fullest extent feasible the available facilities of other Federal departments and agencies, and shall consult with, and make recommendations to, such departments and agencies. The Secretary may enter into working agreements with such departments and agencies and contract or make grants on their behalf or have such departments and agencies contract or make grants on his behalf and such departments and agencies are hereby authorized to execute such contracts and grants. The Secretary is authorized to make or accept reimbursement for the cost of such activities. The Secretary is further authorized to undertake activities under this title [12 U.S.C. 1701z-1 et seq.] under cooperative agreements with industry and labor, agencies of State or local governments, education institutions, and other organizations. He may enter into contracts with and receive funds from such agencies, institutions, and organizations, and may exercise any of the other powers vested in him by section 1701c(c) of this title.

(g) Information and data; restriction on use or identification

The Secretary is authorized to request and receive such information or data as he deems appropriate from private individuals and organizations, and from public agencies. Any such information or data shall be used only for the purposes for which it is supplied, and no publication shall be made by the Secretary whereby the information or data furnished by any particular person or establishment can be identified, except with the consent of such person or establishment.

ATTACHMENT L**Form HPWUS-L1**

January 11, 1995.

The Interagency Council on the Homeless is planning a national survey of the characteristics of homeless persons who use services. The last year a national survey was undertaken was 1987. This national survey will provide the Interagency Council and its member agencies with new information about characteristics of today's homeless population who use services and how this population has changed. The Bureau of the Census will conduct the survey.

Specifically, the survey will:

- 1. Provide national information on the types of services available to homeless persons in both urban and rural communities.**
- 2. Provide information information not addressed by the last survey in 1987 such as, but not limited to: triggering events that precipitate homelessness; pre-homeless living arrangements; HIV/AIDS prevalence; differences between rural, urban and suburban homelessness; as well as demographic data.**

The survey will be conducted in two phases. Phase one is the development of a comprehensive list of services. The second phase will interview a sample of persons at those programs specifically targeted at addressing homelessness (e.g shelters, drop-in centers, soup kitchens) as well as other mainstream programs which serve at risk and vulnerable populations (e.g. mental health and substance abuse programs.)

In order to develop a comprehensive list of programs and services for homeless persons, we need your help. Please take a few moments to

- (1) review the enclosed list of service providers for your county, and**
- (2) answer the questionnaire about programs and services that you offer.**

Please refer to the enclosure for a detailed description of types of service providers to include (e.g. emergency shelters, hotels and motels that house homeless families, transitional housing, soup kitchens, outreach programs and other programs which provide services to homeless people.)

Your cooperation is very important in making this survey a success.

Completing the Questionnaire

The questionnaire is organized by types of programs to make it easier and faster for you to complete. 19 programs are listed. You only need to provide information on the programs (and services available at the program) that you offer. For example, if you run an emergency shelter and an outreach program you will only provide information for those two programs. The other sections of the questionnaire would not be completed. If you operate an emergency shelter and also provide outreach (but not as a discrete program), you would complete the emergency shelter section only.

Reviewing the Attached List of Service Providers

Also attached is a preliminary list of service providers and homeless organizations which provide assistance to homeless persons. As you review the list, if there are names and addresses for providers of services that are not listed, please add them to the attached list. Our list may not include homeless mental health and health care programs, runaway and homeless youth shelters, domestic violence shelters, transitional housing and/or programs issuing vouchers for homeless persons. If you know the names of providers of these services, please add their names and addresses also. It is very important to include all available homeless assistance programs and services in your county. Identification of all service providers in your county is very important to the success of this effort. We have provided a summary of the steps to follow in reviewing the list of service providers.

Thank you for your time and effort in helping with the survey. If you have any questions concerning any information sent to you, please contact _____ at _____.

Sincerely,

SURVEY AUTHORITY AND CONFIDENTIALITY

Title 12, United States Code, Section 1701Z-1, authorizes the Department of Housing and Urban Development (HUD) to collect data for the pretest. Title 15 enables the Bureau of the Census to act as the collecting agent for HUD. Both the Bureau of the Census and HUD will treat the information collected as confidential. Your participation in this pretest is voluntary and there are no penalties for refusing to provide the information. Your cooperation is extremely important to the success of this pretest.

LENGTH OF TIME TO PARTICIPATE AND WHO TO CONTACT WITH COMMENTS

We estimate that it will take 55 to 65 minutes to participate in this pretest, with 60 minutes being the average time. If you have any comments regarding these estimates or any other aspect of this pretest, send them to James Hoben, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, DC 20410; and to the Office of Management and Budget, Paperwork Reduction Project (XXXX-XXXX) Washington, DC 20503.

ENCLOSURE

DESCRIPTION OF THE TYPES OF SERVICE PROVIDERS

We are trying to develop a comprehensive list of service facilities in your jurisdiction. We need your assistance. Please provide a list of service facilities within your jurisdiction. Listed below are detailed descriptions of the types of service providers to include in your listing.

- A. Regularly Scheduled Outreach Programs** for the homeless which, on a regular schedule, visit designated street locations offering homeless people food, blankets or other necessities.
- B. Drop-in Centers** that provide daytime services primarily for the homeless (other than facilities serving meals that have already been included under section D), etc.
- C. Emergency Shelters** which operate on a first come first served basis where people must leave in the morning and have no guaranteed bed for the next night or where people know that they have a bed for a specified period of time (even if they leave the building every day). Shelters include facilities which provide temporary shelter during extremely cold weather (such as churches) and may provide emergency shelter for runaway or neglected children and youth, or for battered or abused women.
- D. Transitional Housing** (maximum stay up to two years) which offer augmented services to promote self-sufficiency and to gain permanent housing.
- E. Permanent Housing** for homeless people with support services may include Section 8 vouchers, PHA units, SROs, and other long-term housing assistance.
- F. Voucher Arrangements** for hotels, motels, or other facilities (other than shelters) for which vouchers are given out of which operate under contract to provide shelter to homeless people.
- G. Soup Kitchen or Meal Distribution** include soup kitchens food lines, and programs distributing prepared breakfasts, lunches or dinners for homeless or needy people. These programs may be organized as food service lines, bag or box lunches, tables where people are seated and then served by program personnel, etc. These programs may or may not have a place to all and eat the meal.
- H. Food Pantry** distributes uncooked food in boxes or bags.

- I. Health Care Providers** provide health care services to homeless people. This includes medical, dental, and other health problems.
- J. Mental Health Programs** for homelessness persons not mentioned previously.
- K. Alcohol or other Drug Programs** for homeless persons not mentioned previously.
- L. HIV/AIDS Programs** for homeless persons not mentioned previously.
- M. Migrant Housing** for homeless persons in the off season.
- N. Other Facilities** which provide services for the homeless, such as clothing distribution centers, education and/or employment skills training.

**STEPS FOR REVIEWING THE LIST OF SERVICE PROVIDERS
AND KNOWLEDGEABLE PERSONS AND ORGANIZATIONS IN YOUR COUNTY**

To help with the survey, we are requesting you:

1. Look over the list of service providers and knowledgeable persons or organizations.
2. Add any service providers, local knowledgeable persons or organizations not included on the list to the HPWUS-L1A form included with this package.
3. Mark the box for "No new names to add.", if you have no additional persons to add to the list.
4. Write any corrected name and/or address information to the right of the old information on the list, if you know anyone on the list who has changed names and/or addresses.
5. Return the list of local service providers, HPWUS-L1A form, and your completed questionnaire on programs and services to our regional Bureau of the Census office in the self-addressed enveloped included in this package.

[FR Doc. 95-2380 Filed 1-31-95; 8:45 am]
BILLING CODE 4210-62-C